

Dear Editor,

Thank you very much for your kind e-mail, which gave us the possibility to revise our manuscript. We emended the paper according to the reviewers' comments. Each comment has been answered and cited below. We hope that the revised version will fulfil the requirements for publication in the World Journal of Hepatology.

Please find enclosed the revised manuscript in word format (file name "revised manuscript").

Title: Biliary complications in recipients of living donor liver transplantation:

A single-centre study

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Name of journal: World Journal of Hepatology

Manuscript No: 65554

Manuscript Type: Retrospective study

Reply to editorial comments:

Dear Science Editor:

Thanks for your comments. We provided a separate PowerPoint file for figures and re-edited the manuscript by native language editing service. We uploaded all the required documents.

Reviewer #1:

Dear reviewer, many thanks for your valuable comment.

Reviewer #2:

- 1.The study should draw a flow chart. 2.The baseline table should compare the differences in baseline variables between the bile duct stenosis group and non-stenosis, presented as a random forest plot. 3. correlation coefficient and 95% CI between dependent and independent variables should be reflected in the regression model. 4.Model predictive power needs to be measured in terms of statistical indicators.

Dear reviewer, many thanks for your valuable comments.

Flow chart and random forest plot were included in the figure file.

Regression models were added in the tables file.

Reviewer #3:

- It is well-written however there is not novel findings. Biliary complications may lead to graft failure and need early interventional or surgical re-anastomosis treatment. Re-transplant is the only way to solve severe biliary complication in patients who could not be treated by interventional or surgical re-anastomosis treatment.

Dear reviewer, many thanks for your valuable comment.

Liver transplantation, especially living-donor, is an area of continuous research due to the ongoing debate regarding the best operative and post-operative management techniques. To our knowledge, this is the first study which excluded patients with cholestatic hepatic diseases from the final analysis to avoid the bias of primary disease recurrence as a confounding factor during analysis of biliary complications.

Sincerely yours,

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