

November 28th, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 6572-review.doc).

Title: Post-operative imaging in liver transplantation: state-of-the-art and future perspectives

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Name of Journal: *World Journal of Gastroenterology*

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We believe the manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated. When not conflicting with the need of full explanation of imaging findings, we (i) shortened the caption of the figures and (ii) added more detail about figures in the text, as suggested by the reviewer 00503530. Overall, we believe that a certain amount of explanation is needed in the figure legends, since imaging findings often depend on specific patients characteristic and history, making the explanation in the text at risk of being confusing, e.g. when multiple findings treated in different sections of the text coexist (e.g., Fig. 8 in our paper).

2 A native-English speaking colleague reviewed minor grammar issues.

3 We are particularly in debt with the reviewer 00006344, who provided us with very thoughtful comments. According to his suggestions, we performed the following changes to the manuscript.

(1) As suggested, we clearly stated that HBV infection is not a major focus of this review. Despite the interest in this subset of patients, radiological literature is quite poor: we believe that a detailed discussion on HBV patients would be immature based on current levels of evidence. On the other hand, rather than a specific topic of the review, HCV recurrence was assumed as a model for exemplifying challenging aspects of radiological diagnosis for non-vascular and non-biliary complications (what we named "primary hepatic complications"), as we more clearly stated at the end of the Introduction, as follows: "*We also describe future perspectives in the assessment of primary hepatic complications, for which the goal of imaging is to replace biopsy with noninvasive tools. Given the available clinical and radiological evidence, we focus on HCV-infected recipients as the most exemplificative scenario, with special emphasis on Magnetic Resonance Imaging (MRI). Because of the paucity of specific radiological literature, detailed review of other clinical settings, such as that of Human B Virus (HBV)-patients, is beyond the purpose of this paper.*" On this we avoided to modify the title of the review, that was established in advance with the Editor.

(2) Statements on CEUS were introduced in the paragraph dedicated to US, using the reference suggested by the reviewer. In the same paragraph, we eliminated the following sentence: "*However, performing a dynamic CEUS study with repeated scans in arterial, venous and delayed phases requires expert operators and implies a lengthening of US examination*".

(3) Brief comments on shear wave elastography were added in the paragraph "*Current imaging of liver fibrosis in OLT patients*", as suggested by the reviewer. A recent reference (2013) was added.

(4) We reviewed the spelling of suggested words (e.g., "imaging" and "institution"). The only exception was the term "Imaging" as it appeared in acronyms definition (e.g., Magnetic Resonance Imaging), as usual.

4 This was an invited review without limitations in the number of words. However, we followed the suggestions of reviewers 00008985 and 00006344 by cutting cut several sentences where feasible, e.g. in the paragraph dedicated to malignancies after OL. However, in order not to conflict with the need of manuscript shortening, we did not add specific comments on pediatric OLT (as suggested by the reviewer 00008985), or split grafts (as suggested by reviewer 00054089). We believe that pediatric OLT should be a matter of a separate review because of since specific clinical and radiological issues that cannot be faced in brief in a reviewed targeted to the adult population (as we already stated in the abstract and the introduction). Concerning split-OLT, the large majority of the review statements can be easily extended to this type of transplant, commented in the text.

5 As suggested by reviewer 00054089, we emphasized that the use of T-tube significantly decreased over the last years. However, given the “radiological” point of view of this review, we left unmodified comments on T-tube cholangiography, that is a very informative examination when feasible. In summary, we added this sentences to the paragraph dedicated to direct cholangiography procedures: *“The use of the T-tube has significantly decreased over the last years. However, if there is a T-tube in place, T-tube cholangiography can be easily performed to demonstrate biliary leakage in the immediate post-operative period (Fig. 2).”*

6. As suggested by reviewer 00054089, we further emphasized recommendation for differential use of US, CT and MRI in the clinical setting, by adding a final statement on the preferential use of these techniques at the end of each paragraph at pages 4-8.

6 References and typesetting were corrected. For few older papers we were not able to find the DOI, especially if published on “Radiology”. However, PMID code has been reported for all of them.

Thank you again for considering our manuscript for publication in the *World Journal of Gastroenterology*.

Sincerely yours,

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