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Dear Professor Jin-Lei Wang, Company Editor-in-Chief, Editorial Office

Baishideng Publishing Group Inc

World Journal of Transplantation

Manuscript NO: 87752

Title: Pediatric and adult liver transplantation in Bahrain: An experience of a country where no liver transplant facilities were available

Editor Comments	Authors reply
<p>Dear Dr. Isa, We are pleased to inform you that, after preview by the Editorial Office and peer review as well as CrossCheck and Google plagiarism detection, we believe that the academic quality, language quality, and ethics of your manuscript (Manuscript NO.: 87752, Retrospective Cohort Study) basically meet the publishing requirements of the World Journal of Transplantation. As such, we have made the preliminary decision that it is acceptable for publication after your appropriate revision. Upon our receipt of your revised manuscript, we will send it for re-review. We will then make a final decision on whether to accept the manuscript or not, based upon the reviewers' comments, the quality of the revised manuscript, and the relevant documents. Please follow the steps outlined below to revise your manuscript to meet the requirements for final acceptance and publication.</p>	<p>Dear editor, Thank you so much for preliminary accepting our study for publication in your esteemed journal. We really appreciate your precious time and great efforts. Thanks again for your valuable comments and advises to improve the quality of our manuscript. We accepted all the comments of the expert reviewers and attached below are the replies to the reviewer's comments point by point. We also included the required changes in the revised manuscript (highlighted in yellow).</p>
<p>1 MANUSCRIPT REVISION DEADLINE We request that you submit your revision in no more than 14 days. Please note that you have only two chances for revising the manuscript.</p>	<p>We submitted the revised manuscript before the assigned deadline. Thank you.</p>
<p>2 PLEASE SELECT TO REVISE THIS MANUSCRIPT OR NOT Please login to the F6Publishing system at https://www.f6publishing.com by entering your registered E-mail and password. After clicking on the "Author Login" button, please click on "Manuscripts Needing Revision" under the "Revisions" heading to find your manuscript that needs revision. Clicking on the "Handle" button allows you to choose to revise this manuscript or not. If you choose not to revise your manuscript, please click on the "Decline" button, and the manuscript will be WITHDRAWN.</p>	<p>This step of revising the manuscript was done. Thank you</p>
<p>3 SCIENTIFIC QUALITY</p>	



<p>Please resolve all issues in the manuscript based on the peer review report and make a point-by-point response to each of the issues raised in the peer review report, and highlighted the revised/added contents with yellow color in the revised manuscript. Note, authors must resolve all issues in the manuscript that are raised in the peer-review report(s) and provide point-by-point responses to each of the issues raised in the peer-review report(s); these are listed below for your convenience:</p>	<p>This step was done. Please find the point-by-point response to each of the issues raised in the peer review report as a table with a reply to each reviewer's comment. Thank you</p>
<p>4 LANGUAGE POLISHING REQUIREMENTS FOR REVISED MANUSCRIPTS SUBMITTED BY AUTHORS WHO ARE NON-NATIVE SPEAKERS OF ENGLISH</p> <p>As the revision process results in changes to the content of the manuscript, language problems may exist in the revised manuscript. Thus, it is necessary to perform further language polishing that will ensure all grammatical, syntactical, formatting and other related errors be resolved, so that the revised manuscript will meet the publication requirement (Grade A).</p> <p>Authors are requested to send their revised manuscript to a professional English language editing company or a native English-speaking expert to polish the manuscript further. When the authors submit the subsequent polished manuscript to us, they must provide a new language certificate along with the manuscript.</p> <p>Once this step is completed, the manuscript will be quickly accepted and published online. Please visit the following website for the professional English language editing companies we recommend: https://www.wjgnet.com/bpg/gerinfo/240.</p>	<p>Professional language polishing was done, and all errors were resolved.</p> <p>The whole manuscript underwent an English revision by native English speakers before submission of this revision. Moreover, we submitted the manuscript to a professional English language editing company "Editage: https://app.editage.com/." Who made the English language polishing as suggested by the journal. Please find the attached the English editing certificate. Thank you</p>
<p>5 ABBREVIATIONS</p> <p>In general, do not use non-standard abbreviations, unless they appear at least two times in the text preceding the first usage/definition. Certain commonly used abbreviations, such as DNA, RNA, HIV, LD50, PCR, HBV, ECG, WBC, RBC, CT, ESR, CSF, IgG, ELISA, PBS, ATP, EDTA, and mAb, do not need to be defined and can be used directly.</p> <p>The basic rules on abbreviations are provided here:</p> <p>(1) Title: Abbreviations are not permitted. Please spell out any abbreviation in the title.</p> <p>(2) Running title: Abbreviations are permitted. Also, please shorten the running title to no more than 6 words.</p> <p>(3) Abstract: Abbreviations must be defined upon first appearance in the Abstract. Example 1: Hepatocellular carcinoma (HCC). Example 2: Helicobacter pylori (H. pylori).</p>	<p>All the abbreviations used in the manuscript were defined upon first appearance and followed the listed rules. Thank you.</p>

<p>(4) Key Words: Abbreviations must be defined upon first appearance in the Key Words.</p> <p>(5) Core Tip: Abbreviations must be defined upon first appearance in the Core Tip. Example 1: Hepatocellular carcinoma (HCC). Example 2: Helicobacter pylori (H. pylori)</p> <p>(6) Main Text: Abbreviations must be defined upon first appearance in the Main Text. Example 1: Hepatocellular carcinoma (HCC). Example 2: Helicobacter pylori (H. pylori)</p> <p>(7) Article Highlights: Abbreviations must be defined upon first appearance in the Article Highlights. Example 1: Hepatocellular carcinoma (HCC). Example 2: Helicobacter pylori (H. pylori)</p> <p>(8) Figures: Abbreviations are not allowed in the Figure title. For the Figure Legend text, abbreviations are allowed but must be defined upon first appearance in the text. Example 1: A: Hepatocellular carcinoma (HCC) biopsy sample; B: HCC-adjacent tissue sample. For any abbreviation that appears in the Figure itself but is not included in the Figure Legend textual description, it will be defined (separated by semicolons) at the end of the figure legend. Example 2: BMI: Body mass index; US: Ultrasound.</p> <p>(9) Tables: Abbreviations are not allowed in the Table title. For the Table itself, please verify all abbreviations used in tables are defined (separated by semicolons) directly underneath the table. Example 1: BMI: Body mass index; US: Ultrasound.</p>	
<p>6 EDITORIAL OFFICE'S COMMENTS</p> <p>Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are listed below:</p>	<p>The manuscript was revised according to the Editorial Office's comments and suggestions. Thank you</p>
<p>(1) Science editor:</p> <p>1 Conflict of interest statement: Academic Editor has no conflict of interest.</p> <p>2 Manuscript's theme: The topic is within the scope of the journal.</p> <p>3 Academic misconduct: No academic misconduct was found.</p> <p>4 Scientific quality and comments: (1) The retrospective cohort study aims to assess the clinical characteristics of patients underwent an overseas liver transplantation and analyze factors affecting their survival. This article has creativity and innovation. The study design is appropriate and feasible. (2) Some expressions in abstract and discussion should be simplified.</p>	<p>Thank you so much for preliminary accepting our study for publication in your esteemed journal. We really appreciate your precious time and great efforts. Moreover, the complex expressions in the abstract and discussion sections were simplified. Furthermore, a professional language polishing was done, and all errors were resolved. The whole manuscript underwent an English revision by native English speakers before submission of this revision. We also submitted the manuscript</p>



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<p>5 <i>Language evaluation: Further language polishing is required in order to meet the publication requirement (Grade A).</i></p> <p>6 <i>Recommendation: Conditional acceptance.</i></p> <p><i>Language Quality: Grade B (Minor language polishing)</i></p> <p><i>Scientific Quality: Grade C (Good)</i></p>	<p>to a professional English language editing company "Editage: https://app.editage.com/." Who made the English language polishing as suggested by the journal. Please find the attached the English editing certificate.</p> <p>Thank you</p>
<p>(2) <i>Company editor-in-chief:</i></p> <p><i>I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Transplantation, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors.</i></p>	<p>Dear editor-in-chief,</p> <p>Thank you so much for preliminary accepting our study for publication in your esteemed journal.</p> <p>We really appreciate your precious time and great efforts.</p>
<p>Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor. In order to respect and protect the author's intellectual property rights and prevent others from misappropriating figures without the author's authorization or abusing figures without indicating the source, we will indicate the author's copyright for figures originally generated by the author, and if the author has used a figure published elsewhere or that is copyrighted, the author needs to be authorized by the previous publisher or the copyright holder and/or indicate the reference source and copyrights. Please check and confirm whether the figures are original (i.e. generated de novo by the author(s) for this paper). If the picture is 'original', the author needs to add the following copyright information to the bottom right-hand side of the picture in PowerPoint (PPT): Copyright ©The Author(s) 2023.</p>	<p>The original figure documents were prepared and arranged using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor. 'Copyright ©The Author(s) 2023' was inserted at the bottom right-hand side of the picture in PowerPoint figures.</p> <p>Thank you</p>
<p>Authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content.</p>	<p>The standard three-line tables were provided, and all the mentioned requirements were implemented.</p> <p>Thank you</p>
<p><i>When revising the manuscript, it is recommended that the author supplement and improve the highlights of the latest cutting-edge research results, thereby further improving the content of the manuscript. To this end, authors are advised</i></p>	<p>Based on your valuable advice, we searched for the latest highlight articles by applying PubMed and RCA to supplement and improve the highlights of the latest cutting-</p>



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to apply PubMed, or a new tool, the RCA, of which data source is PubMed. RCA is a unique artificial intelligence system for citation index evaluation of medical science and life science literature. In it, upon obtaining search results from the keywords entered by the author, "Impact Index Per Article" under "Ranked by" should be selected to find the latest highlight articles, which can then be used to further improve an article under preparation/peer-review/revision. Please visit our RCA database for more information at: <https://www.referencecitationanalysis.com/>, or visit PubMed at: <https://pubmed.ncbi.nlm.nih.gov/>.

edge research results, thereby further improving the content of our manuscript. However, most of the recently published articles were review articles and not original. Nonetheless, we added 11 new references and cited them in our manuscript.

The new references:

- The daily tribune-news of Bahrain. SMC doctors may perform first liver transplant this year. The daily tribune-news of Bahrain. 19 Jan 2020. Available from: <https://www.zawya.com/en/life/bahrain-prepares-for-first-liver-transplant-a9tujvfn> Cited 21 Nov 2023
- Gulf daily news. Liver surgery success. GDN online. 16 Nov 2023. Available from: <https://www.gdnonline.com/Details/1295993> Cited 21 Nov 2023
- Daw MA, Dau AA. Hepatitis C virus in Arab world: a state of concern. Scientific World Journal 2012; 2012:719494. [PMID: 22629189 DOI: 10.1100/2012/719494]
- Ministry of Health of Kingdom of Bahrain. Basic Data on Infectious Diseases at Population Level. Bahrain; Ministry of Health. 2014.
- Petruzzello A, Marigliano S, Loquercio G, Cozzolino A, Cacciapuoti C. Global epidemiology of hepatitis C virus infection: An up-date of the distribution and circulation of hepatitis C virus genotypes. World J Gastroenterol 2016; 22:7824-40 [PMID: 27678366 DOI: 10.3748/wjg.v22.i34.7824]
- Abdulla MA, Al Qamish JR. Hepatitis C virus infection: a single center experience. Bahrain Medical Bulletin 2008; 30: 3-8
- Soyama A, Hara T, Matsushima H, Imamura H, Yamashita M, Adachi T, Miura S, Miyaaki H, Nakao K, Eguchi S. Evolution of Liver Transplantation Over the Last 2 Decades Based on a Single-



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	<p>Center Experience of 300 Cases. Ann Transplant 2023; 28:e941796 [PMID: 37957951 DOI: 10.12659/AOT.941796]</p> <p>- Bruballa R, Sanchez Thomas D, de Santl'banes E, Ciardullo M, Mattera J, Pekolj J, de Santibanes M, Ardiles V. Liver re-transplantation in adults: indications and outcomes analysis of a 23-year experience in a single center in Argentina. Int J Organ Transplant Med 2022; 13:30-35 [PMID: 37641732]</p> <p>- Umeshita K, Eguchi S, Egawa H, Haga H, Kasahara M, Kokudo N, Sakisaka S, Takada Y, Tanaka E, Eguchi H, Uemoto S, Ohdan H. Liver transplantation in Japan: registry by the Japanese liver transplantation society. Hepatol Res 2019; 49:964-80 [PMID: 31081572 DOI: 10.1111/hepr.13364]</p> <p>- Darweesh SK, Ibrahim MF, El-Tahawy MA. Effect of N-Acetylcysteine on mortality and liver transplantation rate in non-acetaminophen-induced acute liver failure: a multicenter study. Clin Drug Investig 2017;37:473-482. [DOI 10.1007/s40261-017-0505-4].</p> <p>- Jia D, Guo S, Jia Z, Gao Z, You K, Gong J, Li S. N-acetylcysteine in the donor, recipient, or both donor and recipient in liver transplantation: a systematic review with meta-analysis and trial sequential analysis. Transplantation 2023;107:1976-1990. [DOI: 10.1097/TP.0000000000004597]</p> <p>Thank you</p>
STEPS FOR SUBMITTING THE REVISED MANUSCRIPT	
<p>Step 1: Author Information</p> <p>Please click and download the Format for authorship, institution, and corresponding author guidelines, and further check if the authors names and institutions meet the requirements of the journal.</p>	<p>Done. Thank you.</p>
<p>Step 2: Manuscript Information</p> <p>Please check if the manuscript information is correct.</p>	<p>The manuscript information has been checked and changes were highlighted in yellow.</p>



	Thank you.
<p>Step 3: Abstract, Main Text, and Acknowledgements</p> <p>(1) Guidelines for revising the content: Please download the guidelines for Original articles, Review articles, or Case Report articles for your specific manuscript type (Retrospective Cohort Study) at: https://www.wjgnet.com/bpg/GerInfo/291. Please further revise the content your manuscript according to the Guidelines and Requirements for Manuscript Revision.</p> <p>(2) Format for Manuscript Revision: Please update the format of your manuscript according to the Guidelines and Requirements for Manuscript Revision and the Format for Manuscript Revision. Please visit https://www.wjgnet.com/bpg/GerInfo/291 for the article type-specific guidelines and formatting examples.</p> <p>(3) Requirements for Article Highlights: If your manuscript is an Original Study (Basic Study or Clinical Study), Meta-Analysis, or Systemic Review, the “Article Highlights” section is required. Detailed writing requirements for the “Article Highlights” can be found in the Guidelines and Requirements for Manuscript Revision.</p> <p>(4) Common issues in revised manuscript. Please click and download the List of common issues in revised manuscripts by authors and comments (PDF), and revise the manuscript accordingly.</p>	<p>The guidelines for original articles were followed regarding format for manuscript revision including the abstract, main text, acknowledgment, and article highlights. Moreover, the PDF of list of common issues is revised manuscripts by authors and comments has been reviewed and the manuscript has been revised accordingly. Thank you.</p>
<p>Step 4: References</p> <p>Please revise the references according to the Format for References Guidelines, and be sure to edit the reference using the reference auto-analyser.</p>	<p>This has been done. Thank you.</p>
<p>Step 5: Footnotes and Figure Legends</p> <p>(1) Requirements for Figures: Please provide decomposable Figures (in which all components are movable and editable), organize them into a single PowerPoint file, and submit as “85451-Figures.pptx” on the system. The figures should be uploaded to the file destination of “Image File”. Please check and confirm whether the figures are original (i.e. generated de novo by the author(s) for this paper). If the picture is ‘original’, the author needs to add the following copyright information to the bottom right-hand side of the picture in PowerPoint (PPT): Copyright ©The Author(s)</p>	<p>All the requirements for the figures and tables were followed. Thank you.</p>



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<p>2022. Please click to download the sample document: Download.</p> <p>(2) Requirements for Tables: Please provide decomposable Tables (in which all components are movable and editable), organize them into a single Word file, and submit as “85451-Tables.docx” on the system. The tables should be uploaded to the file destination of “Table File”.</p> <p>Reminder: Please click and download the Guidelines for preparation of bitmaps, vector graphics, and tables in revised manuscripts (PDF), and prepare the figures and tables of your manuscript accordingly.</p>	
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<p>Step 7: Upload the Revision Files</p> <p>For all required accompanying documents (listed below), you can begin the uploading process <i>via</i> the F6Publishing system. Then, please download all the uploaded documents to ensure all of them are correct.</p> <ol style="list-style-type: none"> (1) 85451-Answering Reviewers (2) 85451-Audio Core Tip (3) 85451-Biostatistics Review Certificate (4) 85451-Conflict-of-Interest Disclosure Form (5) 85451-Copyright License Agreement (6) 85451-Approved Grant Application Form(s) or Funding Agency Copy of any Approval Document(s) (7) 85451-Signed Informed Consent Form(s) or Document(s) (8) 85451-Institutional Review Board Approval Form or Document (9) 85451-Non-Native Speakers of English Editing Certificate (10) 85451-Video (11) 85451-Image File (12) 85451-Table File 	<p>All the required documents have been uploaded via the F6Publishing system. Thank you</p>



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<p>(13) 85451-STROBE Statement (14) 85451-Supplementary Material</p> <p>For all manuscripts involving human studies and/or animal experiments, author(s) must submit the related formal ethics documents that were reviewed and approved by their local ethical review committee. This is mandatory and is one of the determining factors for whether or not the manuscript will be finally accepted. If human and animal studies received waiver of the approval requirement from the ethics committee, the author(s) must provide an official statement to this effect made by the ethics committee. The guidelines for manuscript type and related ethics and relevant documents/statements can be found at: https://www.wjgnet.com/bpg/GerInfo/287</p> <p>If your manuscript has supportive foundations, the approved grant application form(s) or funding agency copy of any approval document(s) must be provided. Otherwise, we will delete the supportive foundations. If your manuscript has no "Video" or "Supplementary Material", you do not need to submit those two types of documents.</p>	
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<p>CONFLICT-OF-INTEREST DISCLOSURE FORM</p> <p>Please click and download the fillable ICMJE Form for Disclosure of Potential Conflicts of Interest (PDF), and fill it in. The Corresponding Author is responsible for filling out this form. Once filled out completely, the Conflict-of-Interest Disclosure Form should be uploaded to the file destination of 'Conflict-of-Interest Disclosure Form'.</p>	<p>The ICMJE Form for Disclosure of Potential Conflicts of Interest (PDF) was filled and uploaded. Thank you.</p>



PEER-REVIEW REPORT

Name of journal: World Journal of Transplantation

Manuscript NO: 87752

Title: Pediatric and adult liver transplantation in Bahrain: An experience of a country where no liver transplant facilities were available

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03755068

Position: Peer Reviewer

Academic degree: MD

Professional title: Consultant Physician-Scientist

Reviewer's Country/Territory: Italy

Author's Country/Territory: Bahrain

Manuscript submission date: 2023-10-07

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-10-08 09:17

Reviewer performed review: 2023-10-08 14:29

Review time: 5 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty



Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation
Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

	Reviewer Comments	Authors reply
Reviewer #1 ID 03755068	<p>Scientific Quality: Grade D (Fair) Language Quality: Grade B (Minor language polishing) Conclusion: Major revision</p> <p>Novelty of This Manuscript: Grade C (Fair) Creativity or Innovation of This Manuscript: Grade C (Fair) Scientific Significance of the Conclusion in This Manuscript: Grade C (Fair)</p>	<p>Thank you so much for accepting to review our manuscript. We really appreciate your precious time and great efforts.</p> <p>Thanks again for your valuable comments and advises to improve the quality of our manuscript. We accepted all the comments and attached below are the replies to the comments point by point. We also included the required changes in the revised manuscript (highlighted in yellow).</p> <p>Thank you</p>
	<p>I read with interest this paper which shed the light on outcome of LT patients from Bahrain. The Authors collected charts of all patients who were sent overseas for LT, given the absence of LT program in Bahrain. Therefore, this was a picture of a relatively small number of patients (n. 170 patients in 25 years) who underwent LT outside Bahrain but subsequently received medical and</p>	<p>Thank you so much for the encouraging comments and for all the valuable advises to improve our manuscript.</p>

	surgical follow-up in the Country. I think that the topic is of interest because this paper may be of help in developing and building a well-recognized LT program in the future.	
	There are, in my opinion, several comments - I suggest to shorten the paper (the discussion section is very long) and to delete some comparisons (e.g., between children and adults). Indeed, it is well known that adult and paediatric patients share different indications to transplantation, as well as different outcomes	We totally agree with your comment, accordingly, the paper was shortened, and the discussion section was summarized. Yes, "it is well known that adult and paediatric patients share different indications to transplantation, as well as different outcomes". Therefore, unnecessary comparisons between children and adults were deleted. Thank you.
	- I suggest to add graft survival curves	Kaplan Meier graft survival curve was added. Please see Figure 3 (Figure 3 B). Thank you.
	- There are some typos (e.g., mycophenolic acid) throughout the manuscript which should be corrected	The typographic errors throughout the manuscript were corrected including mycophenolic acid. Moreover, a professional language polishing was done, and all errors were resolved. The whole manuscript underwent an English revision by native English speakers before submission of this revision. We also submitted the manuscript to a professional English language editing company "Editage: https://app.editage.com/ ." Who made the English language polishing as suggested by the journal. Please find the attached the English editing certificate. Thank you.
	- I suggest to update references	Based on your valuable advice, we searched for the latest highlight articles by applying PubMed and RCA to supplement and improve the highlights of the latest cutting-edge research results, thereby further improving the content of our manuscript. However, most of the recently published articles were review articles and not original. Nonetheless, we added 11 new references and cited them in our manuscript. The new references: - The daily tribune-news of Bahrain. SMC doctors may perform first liver transplant this year. The daily tribune-news of Bahrain. 19 Jan 2020. Available from: https://www.zawya.com/en/life/bahrain-prepares-for-first-liver-transplant-a9tjvfn Cited 21 Nov 2023

	<p>- Gulf daily news. Liver surgery success. GDN online. 16 Nov 2023. Available from: https://www.gdnonline.com/Details/1295993 Cited 21 Nov 2023</p> <p>- Daw MA, Dau AA. Hepatitis C virus in Arab world: a state of concern. Scientific World Journal 2012; 2012:719494. [PMID: 22629189 DOI: 10.1100/2012/719494]</p> <p>- Ministry of Health of Kingdom of Bahrain. Basic Data on Infectious Diseases at Population Level. Bahrain; Ministry of Health. 2014.</p> <p>- Petruzzello A, Marigliano S, Loquercio G, Cozzolino A, Cacciapuoti C. Global epidemiology of hepatitis C virus infection: An up-date of the distribution and circulation of hepatitis C virus genotypes. World J Gastroenterol 2016; 22:7824-40 [PMID: 27678366 DOI: 10.3748/wjg.v22.i34.7824]</p> <p>- Abdulla MA, Al Qamish JR. Hepatitis C virus infection: a single center experience. Bahrain Medical Bulletin 2008; 30: 3-8</p> <p>- Soyama A, Hara T, Matsushima H, Imamura H, Yamashita M, Adachi T, Miuma S, Miyaaki H, Nakao K, Eguchi S. Evolution of Liver Transplantation Over the Last 2 Decades Based on a Single-Center Experience of 300 Cases. Ann Transplant 2023; 28:e941796 [PMID: 37957951 DOI: 10.12659/AOT.941796]</p> <p>- Bruballa R, Sanchez Thomas D, de Santl'banes E, Ciardullo M, Mattera J, Pekolj J, de Santibanes M, Ardiles V. Liver re-transplantation in adults: indications and outcomes analysis of a 23-year experience in a single center in Argentina. Int J Organ Transplant Med 2022; 13:30-35 [PMID: 37641732]</p> <p>- Umeshita K, Eguchi S, Egawa H, Haga H, Kasahara M, Kokudo N, Sakisaka S, Takada Y, Tanaka E, Eguchi H, Uemoto S, Ohdan H. Liver transplantation in Japan: registry by the Japanese liver transplantation society. Hepatol Res 2019; 49:964-80 [PMID: 31081572 DOI: 10.1111/hepr.13364]</p> <p>- Darweesh SK, Ibrahim MF, El-Tahawy MA. Effect of N-Acetylcysteine on mortality and liver</p>
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		<p>transplantation rate in non-acetaminophen-induced acute liver failure: a multicenter study. Clin Drug Investig 2017;37:473-482. [DOI 10.1007/s40261-017-0505-4].</p> <p>- Jia D, Guo S, Jia Z, Gao Z, You K, Gong J, Li S. N-acetylcysteine in the donor, recipient, or both donor and recipient in liver transplantation: a systematic review with meta-analysis and trial sequential analysis. Transplantation 2023;107:1976-1990. [DOI: 10.1097/TP.0000000000004597]</p> <p>Thank you.</p>
	<p>- I do not understand very well the meaning of Suppl Table 2</p>	<p>Supplementary Table 2 is an additional table that summarizes the findings of the previously published original studies about LT from neighboring countries and worldwide in comparison with the findings of our study.</p> <p>This table will not be shown in the published manuscript. However, it has be omitted.</p> <p>Thank you</p>
	<p>- A perspective about the future of LT program in Bahrain would be of help</p>	<p>Liver transplantation is a complex and costly procedure and initiating LT program in any country can present several challenges. Some of the common challenges include the following: (1) the availability of infrastructure and resources such as specialized surgical facilities, intensive care units, imaging equipment, and a well-equipped laboratory for organ preservation and testing, (2) establishing effective organ procurement mechanisms for deceased donor organ retrieval and living donor evaluation and selection, (3) recruiting and training healthcare professionals to formulate a highly skilled and experienced multidisciplinary team, (4) navigating through various regulatory and legal requirements including obtaining necessary licenses and approvals from healthcare regulatory authorities, (5) careful financial planning considering the economic implications for patients and the healthcare system, and (6) collaboration and networking with other transplant centers, both nationally and internationally. It's worth noting that these challenges are not insurmountable, and many countries have successfully established LT programs. On 19th January 2020, the health minister in Bahrain announced that the preparations are underway to perform the first ever liver transplantation. Recently, the Royal Medical Services (RMS) at King Hamad University Hospital initiated the Organ Transplantation Program in co-operation with the Supreme Committee for</p>



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		<p>Treatment Abroad, Bahrain and King Fahad Specialist Hospital, Dammam, Saudi Arabia. On 15th November 2023, the RMS transplant team announced that they have successfully performed the first-of-its-kind living-related liver transplant in Bahrain on a patient in his twenties.</p> <ul style="list-style-type: none">- [The daily tribune-news of Bahrain. SMC doctors may perform first liver transplant this year. The daily tribune-news of Bahrain. 19 Jan 2020. Available from: https://www.zawya.com/en/life/bahrain-prepares-for-first-liver-transplant-a9tujvfn Cited 21 Nov 2023].- [Gulf daily news. Liver surgery success. GDN online. 16 Nov 2023. Available from: https://www.gdnonline.com/Details/1295993 Cited 21 Nov 2023]. This important milestone is the first step that will turn King Hamad University Hospital into a specialized centre for organ transplant in the future. <p>This paragraph was added at the end of discussion after limitation. Thank you.</p>
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PEER-REVIEW REPORT

Name of journal: World Journal of Transplantation

Manuscript NO: 87752

Title: Pediatric and adult liver transplantation in Bahrain: An experience of a country where no liver transplant facilities were available

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 04383865

Position: Peer Reviewer

Academic degree: MBChB, MD, PhD

Professional title: Assistant Professor

Reviewer’s Country/Territory: United Arab Emirates

Author’s Country/Territory: Bahrain

Manuscript submission date: 2023-10-07

Reviewer chosen by: Yu-Lu Chen

Reviewer accepted review: 2023-11-06 05:26

Reviewer performed review: 2023-11-14 08:20

Review time: 8 Days and 2 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input checked="" type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

	Reviewer Comments	Authors reply
Reviewer #2 ID 04383865	<p>Scientific Quality: Grade B (Very good)</p> <p>Novelty of This Manuscript: Grade A (Excellent)</p> <p>Creativity or Innovation of This Manuscript: Grade B (Good)</p> <p>Scientific Significance of the Conclusion in This Manuscript: Grade B (Good)</p> <p>Language Quality: Grade B (Minor language polishing)</p> <p>Conclusion: Minor revision</p>	<p>Thank you so much for accepting to review our manuscript. We really appreciate your precious time and great efforts.</p> <p>Thanks again for your valuable comments and advises to improve the quality of our manuscript. We accepted all the comments and attached below are the replies to the comments point by point. We also included the required changes in the revised manuscript (highlighted in yellow).</p> <p>Moreover, a professional language polishing was done, and all errors were resolved. The whole manuscript underwent an English revision by native English speakers before submission of this revision. Moreover, we submitted the manuscript to a professional English language editing company "Editage: https://app.editage.com/." Who made the English language polishing as suggested by the journal. Please find the attached the English editing certificate.</p> <p>Thank you</p>
	Very interesting article regarding the Liver	Thank you so much for your encouraging and valuable comments.

	<p>transplantation outcome at the Kingdom of Bahrain. It was also interesting to present the different transplantation centers and to compare the results with the other countries. The article is well-written.</p>	
	<p>Here you are some few comments to clarify some points and to improve the quality: 1. The abstract is too long, most of the results values should be removed.</p>	<p>Based on your valuable comment, the abstract was shortened and most of the results values were removed. Thank you.</p>
	<p>2. In abstract methods, it will be interesting to show that the majority of the patients were Bahraini in nationality.</p>	<p>Thank you for your suggestion. The nationality was included in the patients' demographic data. Accordingly, we mentioned this point in the results section of the abstract. Thank you.</p>
	<p>3. In abstract results, please clarify what was the most common type of infection (bacterial, viral, etc.).</p>	<p>The most common types of infection in patients' post-LT were tonsillitis and sepsis ($n=12$, 8.1% each) followed by acute gastroenteritis ($n=11$, 7.4%). Pediatric patients had significantly more tonsillitis and acute gastroenteritis than adults ($p < 0.001$ and $p = 0.035$, respectively) whom had more septic episodes but with no significant difference ($p = 0.755$). In general, bacterial infections were documented more in our study, while other types of infections including the viral infections were less documented. This can be attributed to that viral serology was limited to CMV and EBV serology or viral load. These points were added in the abstract results, the result section and the limitation paragraph. Thank you.</p>
	<p>4. In material & methods, data collection: It is not clear how the cadaveric graft was selected.</p>	<p>Based on the availability of a diseased donor, the cadaveric graft might be selected by the LT team while the patient is waiting for the LT surgery in the absence of a suitable living-related donor, or if an early poor graft function developed after the first LT. In the latter case, the patient's name will be moved up to the top of the LT waiting list. In this study, cadaveric graft was used as the first graft in 13/144 (9%) adult patients (6 in Iran, 3 in KSA, 2 in China, 1 in Germany, and 1 in USA) and as the second graft in two (33.3%) out of six patients, one adult (LT was done in USA) and one child (LT was done in Turkey) with early poor graft functions with the absence of a living-related donor. Please note that in India cadaveric grafts are reserved for Indian citizens only.</p>

	<p>It would be also interesting to investigate if the patients have received any liver support medications such as NAC.</p>	<p>Liver support medications such as N-acetyl cysteine (NAC) had shown beneficial effect in both acetaminophen-induced and non-acetaminophen acute liver failure due to its anti-inflammatory and antioxidant effects. NAC also showed a protective effect of against LT-induced ischemia–reperfusion injury and shows better clinical outcomes in LT recipients which was reflected by the improvement in the overall survival, transplant-free survival, and post LT survival.</p> <ul style="list-style-type: none"> - Darweesh SK, Ibrahim MF, El-Tahawy MA. Effect of N-Acetylcysteine on mortality and liver transplantation rate in non-acetaminophen-induced acute liver failure: a multicenter study. Clin Drug Investig 2017;37:473–482. [DOI 10.1007/s40261-017-0505-4]. - Jia D, Guo S, Jia Z, Gao Z, You K, Gong J, Li S. N-acetylcysteine in the donor, recipient, or both donor and recipient in liver transplantation: a systematic review with meta-analysis and trial sequential analysis. Transplantation 2023;107:1976-1990. [DOI: 10.1097/TP.0000000000004597] <p>However, the use of NAC depends on the LT protocol that was variable between centers. In Turkey, all the patients received NAC for one week post LT while in India only adult patients who received cadaveric graft with high ALT (more than 1500 IU/L) were given NAC for 1-2 days post LT.</p> <p>In this study, none of our patients received N-acetyl cysteine (NAC) prior to the LT while post LT the data about NAC was available from the two main centers only ie Turkey and India. Accordingly, 66 (55.9%) patients had received NAC post LT out of 118 (70.7%) patients with available data. On analyzing the effect of using NAC on the overall survival, we found no significant difference between patients who received NAC and those who did not [50/66 (75.8%) versus 46/52 (88.5%), respectively, $P=0.098$]. However, this finding should be interpreted with caution especially that data from other centers were missing.</p> <p>These points had been clarified in the material and method section, data collection, results, and discussion.</p> <p>Thank you.</p>
	<p>5. In results, please add the average of the hospitalization duration for the patients.</p>	<p>The median hospitalization duration was calculated and found to be 30 (IQR: 14 to 60) days. This duration varied according to the patient’s condition post LT and the LT center hospitalization protocol. For example, in Turkey, the patient stayed for two days at the intensive care unit and for 21 days post LT at the ward with the overall median duration of 30 (IQR: 21 to 90) days while in India the straightforward cases required 10 to 14 days of admission while complicated cases required 14 to 21 days of admission or until the complication resolved. Patients were hospitalized for 14 days post LT then they were discharged from hospital, but they</p>

	<p>It will be also interesting to clarify which center had better outcome compared to the others and if there is any specific reason for that.</p>	<p>must stay closed to hospital for another 14 days with a total of 28 (IQR: 30 to 60) days.</p> <p>Most of our patients were transplanted at centers in Turkey ($n=70$, 40.9%), followed by India ($n=52$, 30.4%), and Saudi Arabia ($n=22$, 12.9%) while other centers had transplanted limited number of patients. After comparing the main three centers regarding patients' outcome, we found that the overall survival was 100% in Saudi Arabia, 88.2% in India, and 76.1% in Turkey and this difference was statistically significant ($P=0.021$). This variation in the outcome between the different centers might be attributed to the proximity of the center to Bahrain which is the case of centers in Saudi Arabia, the length of LT surgical experience like the case of centers in India and Turkey, in addition to the type of liver graft, and the number of complications developed.</p> <p>These points were added in the results and discussion sections. Thank you.</p>																																																												
	<p>6. It was mentioned in results that six patients required re-transplantation. Please add the duration between the first transplantation and the re-transplantation.</p>	<p>Re-transplantation was needed for six patients, four adults and two children. Two of the four adults received the second graft after three years from the first transplant while one after four years and another after nine years. For the two pediatric patients, one was retransplanted after one week and the other patient after one month from the first LT.</p> <p>This point was added to the results section. Thank you.</p>																																																												
	<p>7. It was also mentioned that there was no significant difference between pediatrics and adults in terms of LT center location. How about the success rates per center between pediatrics and adults? In other words, is there a specific center that can be recommended for adults and other centers that are specialized in pediatrics?</p>	<p>On further analysis and after dividing the patients into pediatric and adults, the patients' survival is shown in the following table:</p> <p>Supplementary Table 2 Patients' survival according to liver transplant center</p> <table border="1" data-bbox="635 1458 1417 1973"> <thead> <tr> <th>Center</th> <th>Total, $n=141/165$ (85.5)</th> <th>Pediatric, $n=$ $42/47$ (89.4)</th> <th>Adult, $n=99/120$ (82.5)</th> <th>P value</th> </tr> </thead> <tbody> <tr> <td>Turkey</td> <td>51/67 (76.1)</td> <td>8/10 (80)</td> <td>43/57 (75.4)</td> <td>1.000</td> </tr> <tr> <td>India</td> <td>45/51 (88.2)</td> <td>17/19 (89.5)</td> <td>28/32 (87.5)</td> <td>1.000</td> </tr> <tr> <td>KSA</td> <td>21/21 (100)</td> <td>13/13 (100)</td> <td>8/8 (100)</td> <td>-</td> </tr> <tr> <td>Iran</td> <td>9/11 (81.8)</td> <td>0/0 (0.0)</td> <td>9/11 (81.8)</td> <td>-</td> </tr> <tr> <td>Singapore</td> <td>3/3 (100)</td> <td>1/1 (100)</td> <td>2/2 (100)</td> <td>-</td> </tr> <tr> <td>USA</td> <td>3/3 (100)</td> <td>0/0 (0.0)</td> <td>3/3 (100)</td> <td>-</td> </tr> <tr> <td>UK</td> <td>2/2 (100)</td> <td>1/1 (100)</td> <td>1/1 (100)</td> <td>-</td> </tr> <tr> <td>China</td> <td>2/2 (100)</td> <td>0/0 (0.0)</td> <td>2/2 (100)</td> <td>-</td> </tr> <tr> <td>Egypt</td> <td>2/2 (100)</td> <td>2/2 (100)</td> <td>0/0 (0.0)</td> <td>-</td> </tr> <tr> <td>Germany</td> <td>2/2 (100)</td> <td>0/0 (0.0)</td> <td>2/2 (100)</td> <td>-</td> </tr> <tr> <td>Japan</td> <td>1/1 (100)</td> <td>0/0 (0.0)</td> <td>1/1 (100)</td> <td>-</td> </tr> </tbody> </table> <p>KSA: Kingdom of Saudi Arabia; USA: United States of America; UK: United Kingdom.</p>	Center	Total, $n=141/165$ (85.5)	Pediatric, $n=$ $42/47$ (89.4)	Adult, $n=99/120$ (82.5)	P value	Turkey	51/67 (76.1)	8/10 (80)	43/57 (75.4)	1.000	India	45/51 (88.2)	17/19 (89.5)	28/32 (87.5)	1.000	KSA	21/21 (100)	13/13 (100)	8/8 (100)	-	Iran	9/11 (81.8)	0/0 (0.0)	9/11 (81.8)	-	Singapore	3/3 (100)	1/1 (100)	2/2 (100)	-	USA	3/3 (100)	0/0 (0.0)	3/3 (100)	-	UK	2/2 (100)	1/1 (100)	1/1 (100)	-	China	2/2 (100)	0/0 (0.0)	2/2 (100)	-	Egypt	2/2 (100)	2/2 (100)	0/0 (0.0)	-	Germany	2/2 (100)	0/0 (0.0)	2/2 (100)	-	Japan	1/1 (100)	0/0 (0.0)	1/1 (100)	-
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		<p>We found that the overall best survival was in centers from Saudi Arabia (100%) followed by India (88.2%) then Iran (81.8%). On comparing the survival between pediatric and adult patients according to the LT center, after excluding Iran as they have transplanted adult patients only, the ranking was in favor to Saudi Arabia followed by India then Turkey with no significant difference between pediatric and adults. Accordingly, we can recommend LT center from Saudi Arabia for pediatric patients and adult patients from Bahrain.</p> <p>The success rates per LT center between pediatrics and adults were included in the results section.</p> <p>Thank you.</p>
	8. The median number of visits was reported to be 3. How often was it? Once a year, twice a year?	<p>Once the patient arrived in Bahrain from the overseas LT center, he or she was seen at the liver clinic within two weeks with close follow-up in the first three months is mandatory for the establishment of efficient immunosuppression to avoid rejection. Afterward, regular follow-up visits every three months in the first year and every six months in the second year.</p> <p>The frequency of overseas visits varied from patient to patient depending on their clinical condition. Most patients were sent back to the overseas LT center for follow-up every six months (twice a year) during the first-year post LT. After that, most of the patient were followed up in Bahrain but some patients needed more overseas visits to check for the survival of the graft.</p> <p>These points were added to the result section.</p> <p>Thank you.</p>
	9. The discussion is too long and the references authors names are not necessarily.	<p>Based on your valuable comment, the discussion section was summarized, and the references authors names were removed.</p> <p>Thank you.</p>
	10. It is not clear in the text what types of infectious episodes did the patients have.	<p>The most common types of infection in patients' post-LT were tonsillitis and sepsis ($n=12$, 8.1% each) followed by acute gastroenteritis ($n=11$, 7.4%). These main types of infectious episodes were clarified in the text. The rest of infectious episodes were mentioned in Table 5 in details.</p> <p>Thank you.</p>
	11. It will be interesting to explain why the HCV incidence is high in Bahrain and what are the underlying causes.	<p>The overall prevalence of HCV in Bahrain was 1.7% (1.0%-1.9%) in 2011 [Daw MA, Dau AA. Hepatitis C virus in Arab world: a state of concern. <i>Scientific World Journal</i>. 2012; 2012:719494. [PMID: 22629189 DOI: 10.1100/2012/719494]] and reduced to 0.99% in 2014 [Ministry of Health of Kingdom of Bahrain. Basic Data on Infectious Diseases at Population Level. Bahrain; Ministry of Health. 2014]. This prevalence is considered relatively low when compared to the total global HCV prevalence (2.5%) which is ranging from 1.3% in Americas and 2.9% in Africa. [Petruzzello A, Marigliano S, Loquercio G, Cozzolino A, Cacciapuoti C. Global epidemiology of hepatitis C virus infection: An up-date of the</p>



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		<p>distribution and circulation of hepatitis C virus genotypes. World J Gastroenterol. 2016; 14;22(34):7824-40. [PMID: 27678366 DOI: 10.3748/wjg.v22.i34.7824.] However, HCV remained the commonest indication of LT in adults. The reason behind this high incidence is the history of blood transfusion (35%) which is a major risk factor in patients with thalassemia and sickle cell anemia, which are common blood disorders in Bahrain. Other reasons include intravenous drug use (16.9%), tattoos (4.9%), extramarital sexual contact (3.3%), hemodialysis for chronic renal failure (3.3%), previous surgery (1.6%), and bleeding disorders (1.6%). [Maheeba A.M., Abdulla; Jihad R.A., Al Qamish. Hepatitis C virus infection: a single center experience. Bahrain Medical Bulletin. 2008; 30 (1): 3-8.].</p> <p>These points were added to the discussion section.</p> <p>Thank you.</p>
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Yours sincerely,

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