

Dear Reviewers,

Thank you for your valuable feedback on our manuscript. We appreciate the constructive comments, which have significantly contributed to the improvement of our work.

**1) Don't use the word "intestinal swelling" looks rather unscientific and naive. Instead you may use intestinal edema or bowel wall edema**

We acknowledge your suggestion regarding the term "intestinal swelling." We have revised the manuscript to replace it with the more scientifically accurate terms "intestinal edema". Your guidance in avoiding informal expressions is valuable.

**2) This line in the case presentation section is very confusing 'The patient was later diagnosed with AT-II deficiency and was transfused with plasma to rescue sensitivity to heparin'. I suggest rewriting it and clarifying it for the readers.**

We apologize for the confusion in the case presentation section. The patient was diagnosed with AT-III deficiency, a common cause of heparin insensitivity. The revised paragraph now provided with a clearer explanation of the diagnosis, the thrombosis formation, and the rationale for plasma transfusion to restore sensitivity to heparin. The related paragraph was as follows:

"On POD 7, thrombosis formation was found in right peroneal vein; therefore, we tested the activity of antithrombin to evaluate heparin's anticoagulant activity. The activity of AT-III was 67%, suggesting an increased risk of developing abnormal thrombosis and impaired sensitivity to heparin, since heparin functions through antithrombin. Fresh frozen plasma was transfused to rescue sensitivity to heparin."

**3) What was the rationale of aptt of 35-40 sec? has it been used before or validated?**

We appreciate your suggestions concerning the rationale for an APTT of 35-40 seconds. We have clarified in the manuscript that our goal was to maintain the APTT at approximately 1.5 times the baseline level, as suggested by the literature (doi:10.1155/2008/896320).

**4) The supporting image of the stent and portal venogram is of poor quality. replace it with good quality images and cines.**

We have replaced the supporting image of the stent and portal venogram with two higher quality images, one was DSA of PV and the other one was Volume Rendering showing stents, providing a clearer depiction of the stents in the portal vein and SMV.

**5) The discussion is written in variable tense throughout. maintain one tense throughout. Preferably the past tense. Overall the quality of English language used is poor and needs to be edited by an expert.**

Your observation regarding the variable tense in the discussion section is valuable. We have diligently edited the manuscript with the assistance of a professional English language editing company, obtaining a language certificate to ensure the consistency and overall

improvement in language quality. We have also uploaded the certificate to the system.

**6) Discuss on the patency rates of these stents. The recommended anti-platelet/ anti-coagulant therapy in the long term.**

We appreciate your suggestion to discuss the patency rates of the stents and the recommended long-term antiplatelet/anticoagulant therapy. After a thorough literature review, we have provided relevant information on the reported patency rates and have discussed the controversial nature of anticoagulation therapy after portal vein stenting. Our case management details have been included to highlight the success in maintaining stent patency. The related paragraph was as follows:

"The reported patency rate was 66.7–80% for portal vein stenting after pancreatic surgery. However, these patency rates could not be directly adopted in our case, since the majority of reported cases concerned surgeries conducted >30 days. Moreover, in those studies, only a small proportion of patients received PV reconstruction during surgery. Therefore, our case was more vulnerable to thrombosis formation. However, due to our successful management, the patient did not present any abdominal symptoms related to PV/SMV stenosis after surgery for 10 months, and CT scan revealed patent stents."

Once again, we thank you very much for your time and insightful comments. We believe that these revisions have strengthened our manuscript, and we look forward to your further guidance.

Sincerely,

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