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Manuscript Type: Case Report

RESPONSE TO REVIEWER (No.00053888)

We wish to express our appreciation to the Reviewer for his or her insightful comments, which have helped us significantly improve the paper.

Comments

The authors have reported 2 interesting cases of patient requiring a liver resection with a congenital vascular abnormality to the liver. This is a rare anomaly in patients undergoing liver resection and would clearly cause the unexpecting surgeon significant problems. The cases are worthy of publication and the manuscript is well written. There are a small number of typographical &/or grammatical errors. The figures are excellent, the comments section is probably unnecessary and table 1 needs some work.

1) There are a small number of typographical &/or grammatical errors.

Response: We thank the Reviewer for this pertinent comment. We check and correct the typographical and grammatical errors of our manuscript.

2) the comments section is probably unnecessary and table 1 needs some work

Response: We cannot determine whether the comments section is necessary or not, so we leave the section. We modified table 1, and corrected the terminology in it according to "The Brisbane 2000 terminology of liver anatomy and resections. HPB 2000; 2:333-39."

We wish to thank the Reviewer again for his or her valuable comments.

RESPONSE TO REVIEWER No. 00926880

We wish to express our appreciation to the Reviewer for his or her insightful comments, which have helped us significantly improve the paper.

Comments

This is a report on 2 patients with right umbilical portion (RUP) who underwent major hepatectomy. I have the following comments:- (1) The title of the paper does not show that this is a case report on 2 patients; (2) Please use the Brisbane 2000 Terminology of liver anatomy and resection (HPB 2000;2:333-9) and avoid using the word “lobe”; (3) The English needs minor polishing; (4) It would be easier for any future potential readers to understand what is RUP and the operations involved in this article by drawing diagrams to illustrate the lesions and the operations.

(1) The title of the paper does not show that this is a case report on 2 patients

Response : We thank the Reviewer for this pertinent comment. Is it better that we will change the title of this manuscript as follows, “Major hepatectomy using the Glissonean approach in **two** cases of right umbilical portion” ? But this new title is consisted of 13 words, more than 12 words, and we think all the other words are necessary. So the title of our report is now “Major hepatectomy using the Glissonean approach in cases of right umbilical portion”.

(2) Please use the Brisbane 2000 Terminology of liver anatomy and resection (HPB 2000;2:333-9) and avoid using the word “lobe”

Response: We corrected and used the terminology in this paper according to “The Brisbane 2000 terminology of liver anatomy and resections. HPB 2000; 2:333-39.”

(3) The English needs minor polishing

Response: We check and correct the typographical and grammatical errors of our manuscript, and revised some descriptions.

(4) It would be easier for any future potential readers to understand what is RUP and the operations involved in this article by drawing diagrams to illustrate the lesions and the operations.

Response: As the reviewer suggests, we think the diagrams to illustrate the RUP and the operations make it easier for readers to understand the topic of this paper. We added diagrams illustrating the lesions and the operations (Figure 1d, 2c, 3c, 4c).

We wish to thank the Reviewer again for his or her valuable comments.

RESPONSE TO REVIEWER No.01560464

We wish to express our appreciation to the Reviewer for his or her insightful comments, which have helped us significantly improve the paper.

Comments

1) The authors introduced the two cases with RUP , the patients with intrahepatic cholangiocarcinoma or perihilar cholangiocarcinoma were successfully performed two major hepatectomies using the Glissonean approach . The authors emphasized the importance of the Glissonean approach for cases with anomalous anatomy such as RUP during hepatectomy. 2) The clinical experience about major hepatectomies for cases with RUP is very important guidance for surgeon who performed a major hepatectomy for case with RUP. 3) I suggest that the manuscript can be published in the form of case report in World J Hepatology.

Response : We thank the Reviewer for this pertinent comment. We revised our manuscript with reference to all reviewers' comments. We would like to send our most sincere thanks for the reviewers.

We wish to thank the Reviewer again for his or her valuable comments.