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Dear Editor,

Thank you for the opportunity to resubmit this paper. We have addressed all the points raised by the reviewers on a point-by-point basis below. We hope you find this in accordance with the reviewer's comments.

We look forward to hearing from you.

Best Regards,

Jiang Li

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Comments to the Reviewer(s):

Reviewer 1: This is an interesting case report. I only would request the authors minor language polishing, such as "sistyc" instead of cystic.

We appreciate the comments and we agree with them. English has been revised and polished.

Reviewer 2: "This case report is clinically interesting and useful".

Reviewer 3: "Minor revisions: - Abstract doesn't need to be categorized like an original paper. - Needing to give more details about the past med history i.e. the cause of ESRD (HBV infection?), the time on dialysis and the type (hemodialysis?), - The liver function tests doesn't show that much liver failure, does it? Serum albumin and bleeding times (PT, PTT) are not very disturbed. Why Alk-ph was so much high? -

Immunohistochemistry analyses, especially HLA analysis for diabetes mellitus is interesting to provide if you have performed them - Give the follow up time and results as long as possible Major revision: I recommend a review of the literature on the triple transplantation of your report's type as case reports and series and providing a table on it.



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We thank the reviewer for his criticism:

The abstract has been revised according to case report format, and a detailed description of patient's medical history has been added: "The patient was infected with hepatitis B virus for more than 30 years, he appeared abdominal distension and anorexia before one year, suffered with melena before two months. His past medical history was complicated by insulin-dependent diabetes mellitus (IDDM) for more than 10 years, additionally, the patient was suffered with chronic renal failure relying on regular dialysis (three times per week)"

The liver function tests did not show liver failure, and serum albumin and bleeding times (PT, PTT) was not very disturbed, but the patient suffered with gastrointestinal bleeding, and the Hemoglobin lever was very low(7.7 g/dL) which was indication for liver transplant. Actually, there was no clear reason for high level of Alk-ph.

We did not conduct immunohistochemistry and HLA analyses for diabetes mellitus which has been definitely diagnosed before his admission.

Multivisceral transplants have usually been in the form of kidney-pancreas, liver-pancreas or sometimes liver-kidney transplant, however, combined liver-pancreas and kidney transplant was rarely reported. We only found 3 cases of combined liver-pancreas and kidney transplant, and we have added all 3 case reports to the discussion part.

Thanks again for all the valuable comments!