

## ANSWERING REVIEWERS

April 20, 2014



Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 9590-edited.doc).

**Title:** The role of multi-detector computed tomography for biliary complications after liver transplantation

**Author:** Xiao-Chun Meng, Wen-Sou Huang, Pei-Yi Xie, Xiu-Zhen Chen, Ming-Yue Cai, Hong Shan, Kang-Shun Zhu

**Name of Journal:** *World Journal of Gastroenterology*

**ESPS Manuscript NO:** 9590

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated.

2 Revision has been made according to the suggestions of the reviewer

(1) The study encompasses a period of 9 years, in addition to the change of the machine made by 2008, other technical changes have been made in the period or any clinical indication changed?

**Response:** Yes, during this study period of 9 years, in addition to the change of the machine (multi-detector computed tomography), technical developments in liver transplantation have occurred, such as living donor liver transplantation, and the indications of liver transplantation has been changed. But these are not in the range of our research, we focused on biliary complications after orthotopic liver transplantation (OLT). And the indications of liver transplantation do not affect the evaluation of MDCT on biliary complication. So, we do not discuss these two aspects in the revised paper.

(2) The complications arose from 7 days to 68 months post-transplant. There was a change in the positive or negative predictive value according the post-transplant period?□

**Response:** Although the complications after OLT arose from 7 days to 68 months post-transplant, we did not find significant changes in the positive or negative predictive value according to the post-transplant period. Further research may need more amounts of cases.

(3) Finally in the discussion recent published papers as Marubashi et al and Yoo et al, should be cited, even the MDCT has been made for different reasons.

**Response:** Yes, above recent published papers have been cited (reference 6, 15).

(4) However the study period is quite long and the authors should discuss initial and later results as we have the feeling that due to a “learning curve period” initial results might were a bit worse. The authors should comment on this issue.

**Response:** In the “Results” section of the revised paper, we had distinguished the misdiagnosis and missed diagnosis cases between the early stage patients and the late stage patients. And, the reasons for the misdiagnosis and missed diagnosis were declared for each patient. At last, in the ninth paragraph of “Discussion” section, we add the technological progresses of the late stage MDCT examination, which might lead to fewer false-positive and false-negative cases for biliary strictures.

3 References and typesetting were corrected.

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

Sincerely yours,

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