We have carefully revised the manuscript according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision. And we would like to illustrate the revision point-to-point as follows (major changes in the revised manuscript are highlighted by red-colored font).

Reviewer #1:

A very well-written article, with some minor point to be enclosed:

1. coagulation pattern before beginning of intra-arterial thrombolysis

We thank the reviewer for raising this issue. Due to the early diagnosis of E-HAT by doppler ultrasonography, the coagulation pattern of all patients was normal or slightly abnormal before thrombolysis, so we did not provide it in the article.

2. any data about fibrinogen curve in the 24 hours after intra-arterial thrombolysis?

We thank the reviewer for pointing out this issue. Fibrinogen level was in normal range after intra-arterial thrombolysis. We used ACT to monitor coagulation state during continuous thrombolysis.

3. any other haemorragic adverse event, distant from liver tissue?

We thank the reviewer for pointing out this issue. We observed local puncture site hematoma in one patient and intraperitoneal hemorrhage in two patients as we described in the manuscript. No other haemorragic adverse event was observed.

4. what are specific therapies given after intra-arterial thrombolysis? Antiaggregant, heparin, etc. and for how much time?

We thank the reviewer to point out this issue. Anticoagulant therapy were given after intra-arterial thrombolysis as we described in materials and methods: anticoagulant therapy with enoxaparin sodium at a dose of 4000 AxaIU, twice a day for approximately 5 to 7 days was administered, followed by aspirin at a dose of 100 mg/d or clopidogrel at a dose of 75 mg/d for at least six months.

5. specific profile of liver pathology conditionate the Early hepatic artery thrombosis?

We thank the reviewer for pointing out this issue. Definite diagnose of early hepatic artery thrombosis was confirmed by hepatic arterial angiography which showed complete occlusion of the HA. So no pathology evidence was obtained.

Reviewer #2:

I have read the manuscript titled "Intra-arterial thrombolysis for early hepatic artery thrombosis after liver transplantation" with much interest. The language flows well and it is easy to read. submission as a retrospective study is not adequate. this is at best a small case series. Statistical and % comments on a such a small scale can be misleading. rate of 2.7% E-HAT is rather a good one. using ACT as a monitoring mechanism is inadequate, intravenous tissue plasminogen activator (tPA) is not routinely followed by blood work due to its reputed short half-life. Instead fibrinogen level is monitored to ensure level >100. Please clarify your Tpa regimen as page 10, third paragraph is confusing urokinase and Tpa.

We thank the reviewer for raising these issues. Considering the small number of cases, our study does have limitations. We have added one part in the conclusion section to state it. However, due to the low incidence rate of E-HAT and its high mortality, in addition to the restricted donors for re-transplantation in Asian countries, we believe that our experience offers an alternative therapy method for E-HAT and we hope that it leads to better prognosis for such patients.

Referring to thrombolysis method, we have clarified drug names and dosages in the revised manuscript. Due to its side effect (bleeding) of urokinase and fibrinogenase, alteplase was used for following temporary and continuous thrombolysis. Given the short half-life of alteplase, continuous thrombolysis was administrated. Except for using ACT to monitor thrombolytic effect, doppler ultrasonography was used to examine blood flow of the liver and

abdominal bleeding. After this revision, we hope our manuscript could make some contribution to the literature with as little as bias.

I hope our manuscript would meet publishing requirements of the World Journal of Clinical Cases after this revision. I look forward to hearing from you.

Sincerely,

Guo-yue Lv