Dear Reviewers and Editors,

Please find enclosed the edited manuscript in word format (file name:54960-review.doc)

Name of Journal: ***World Journal of Clinical Cases***

Manuscript NO: 54960

Manuscript Type: CASE REPORT

Title: Posterior reversible encephalopathy syndrome and heart failure tacrolimus-induced after liver transplantation: A case report and literature review

Author:Jun-fang Liu, Tian Shen, Yun-tao Zhang

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 reviewers

The first reviewer

(1) Please add the "Tacrolimus-induced" in to the Title of the manuscript.

Already added the "Tacrolimus-induced" in to the Title of the manuscript.

(2) The patient was operated on August 2017 and authors gave the 20 months follow-up. Would you mind refresh the follow-up data?

The graft function remained stable and at 31 months after transplantation(up to now), the patient is enjoying good general condition and good graft function.

The second reviewer

(1) I refer to the section where the authors describe psychiatric symptoms as "nonsense shouting and insanity"; could be rephrased as acute confusional state. Already replaced the "nonsense shouting and insanity" with acute confusional state.

(2) Rephrase the first sentence on Page 4, 2nd paragraph describing echocardiographic findings.

Already rephrased as: Meanwhile, an echocardiogram indicated diffuse hypokinesia of the left ventricle (LV) with an ejection fraction (EF) of 40%, compared with 66% before and 60.7% 4 days after surgery, respectively .

(3) Can the authors comment on whether an Echocardiogram was performed pre transplant?

An echocardiogram indicated normal cardiac function with an ejection fraction (EF) of 66%. (the eleven sentence on Page 3, 2nd paragraph)

(4) The authors should review the TTE images to see whether there was any evidence of apical ballooning and hypokinesia with preserved basal myocardial contractility. The investigation of choice of course would have been a cardiac MRI. The study by Bowman and Co, Ref 8, in fact describes a number of case reports with suspected Tacrolimus induced CMP. Most of the cases showed cardiac abnormalities only following a significantly longer time of exposure, or were ultimately refuted as being Tacrolimus induced. Unless apical ballooning syndrome / stress cardiomyopathy has definately been excluded via MRI, I think it should be considered as the most likely cause of the reversible cardiac

anbnormalities. With reversal of PRES, cardiac function normalisied rather than due to Tacrolimus withdrawal. It would therefor be advisable to comment on stress cardiomyopathy its aetiology and clinical presentation, including in patients following liver transplantation in the discussion section of the manuscript.

We reviewed her TEE images there was no evidence of apical ballooning and hypokinesia with preserved basal myocardial contractility. It's a pity that we didn't give her a cardiac MRI or angiography in cardiology .

We added the comment on stress cardiomyopathy on Page 7, 3rd paragraph.

Kind regards

Sincerely

Dr. Jun-fang Liu, MD,