

## **Reply to the comments on manuscript “Portal vein thrombosis in noncirrhosis patients after hemihepatectomy:A case report” No. 74762**

Dear Reviewers,

Thank you for spending time on revising my manuscript. I am very glad to receive the review report. And I have made changes according to the professional comments proposed in the report. The modifications are as follows.

### ***Comment 1***

***introduction and background in the abstract and article need to be redone It need to discuss incidence of PVT after liver surgery and in patients with primary liver cancer in non cirrhosis patients***

Reply 1:

In my new introduction, I have added the incidence of PVT after liver surgery and in patients with primary cancer. This makes the article more scientific when demonstrating the treatment of PVT after liver surgery. It is 2.1~9.1% after hepatectomy and 10~40% in liver cancer patients. At the same time, I have also introduced the standard treatment for noncirrhotic PVT in my background and introduction.

### ***Comment 2***

**article need to discuss guidelines and different society recommendations on non cirrhosis PVT**

Reply 2

In the new manuscript, I have discussed standard treatment proposed by professional guidelines and experts. And other treatment options are introduced and compared. The standard treatment based on vitamin K antagonists (VKAs) or low-molecular weight heparin (LMWH) is more widely accepted than direct oral anticoagulants (DOACs). Unfortunately, in my last manuscript, I have never mentioned and discussed the standard treatment. And it is a big mistake for me.

### ***Comment 3***

**the last paragraph in discussion about expert opinion need to be supported by case reports or evidence to support this expert opinion. Like when to use as a or warfarin. Why not LMwH?**

Reply 3

After reading relevant articles, I finally found concrete evidence to support the expert opinion. Additionally, I have explained why we should continue to anticoagulate after PVT disappears and discussed why DOACs are necessary to prevent PVT regeneration in the last part of the discussion,

***Comment 4***

**the authors recommends prevention of PVT after liver surgery? I think it would be better to discuss the pro and cons of each approach. The need to justify preventive measures for rare cases**

Reply 4

The occurrence of PVT in patients after liver surgery in our department is relatively rare, so the prevention of PVT related to liver surgery is mainly for the intraoperative and postoperative period. Ultrasound can be used to measure portal vein blood flow, and less than 15 cm/s is an important risk factor. Perhaps, for possible PVT after liver surgery, we can take portal vein ultrasonography as an important preoperative preventive measure. Besides, I have also discussed three intraoperative and postoperative risk factors for the formation of PVT in the last paragraph of my new discussion.