

77077-Answering Reviewers

Reviewer #1:

Scientific Quality: Grade D (Fair)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors: A case of liver transplantation in a patient with ASD is reported, with several problems.

#1 The evaluation of ASD in this case, including size and shunt rate, was not described.

Response: Your assessment is greatly appreciated. Preoperative transthoracic echocardiography indicated an echoic interruption 0.3 cm across (slightly less than in prior year) involving middle and lower atrial septum. Left-to-right red-colored streamers were detected by color Doppler flow imaging (CDFI), but shunt velocity was not measured (**Figure 1**). We have amended the ASD description accordingly.

#2 The case report was not based on the CARE checklist, and the references were not from the WJCC, so please check the submission rules carefully.

Response: Thank you for raising this point. We have revised the manuscript as needed to meet CARE Checklist (2016) criteria. We have also updated the reference list, adhering to submission rules.

#3 Contrast echocardiography should also be described in more detail. Does this mean that there is no right-left shunt? There is no mention of a left-right shunt. Did the bubble coming back from the lungs re-flow into the right heart system? Please provide some figures that shows this well.

Response: Your comments are well taken. We have since broadened our description of agitated-saline contrast echocardiography (ASCE), which served to better delineate the nature of intracardial shunting. Details are

provided at the bottom of page 5 as follows:

Agitated-saline contrast echocardiography (ASCE) was performed to further clarify the nature of intracardial shunting. After injecting vibrated normal saline (3 ml) into cubital vein, the right heart filled well. In resting state, few left heart air bubbles formed during the third cardiac cycle; but many more (>35 per frame) arose during the fifth cycle, ostensibly from left and right upper pulmonary veins. Valsalva maneuver during the third cardiac cycle also produced a flurry of bubbles (> 35/frame) within left heart. These findings suggest atrial-level right-left shunting, pulmonary arteriovenous fistula not excluded (**Figure 2**). No other determinative testing was attempted.

#4 Discussion is described like a textbook. Please focus on the perioperative period in this case and what you paid special attention to.

Response: Thank you for your suggestions, which we have addressed in our revised Discussion. The same type of surgery has been successfully completed on several occasions at our hospital. Perioperative periods are stable, and the children enjoy good prognoses, with no serious adverse cardiovascular events. We are thus anxious to share relevant aspects of our approach to anesthesia management, especially many perioperative details. Comprehensive preoperative cardiovascular assessments, including use of agitated-saline contrast echocardiography (to depict intracardiac shunting), multidisciplinary deliberation, and active/effective monitoring are all crucial for transplantation success and graft survival and are the strategic points we sought to emphasize.

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: The present manuscript is very relevant, moreover children with ASD are at substantially greater perioperative risk during liver transplantation, the preoperative cardiovascular assessments are crucial in these patients. Active, effective monitoring must be implemented to maintain hemodynamic stability during perioperative periods. The discussion is concise and highlight the practical aspects of the issue for the reader.

Response: Thank you for your comments and high marks. Our manuscript content has been subsequently modified according to Guidelines and Requirements for Manuscript Revision, hoping to better convey key concepts.

Science editor:

The manuscript has been peer-reviewed, and it's ready for the first decision.

Language Quality: Grade B (Minor language polishing)

Scientific Quality: Grade C (Good)

Response: Thank you; we certainly value your input. We have engaged a professional editing service to refine the English text and issue a new language certificate. This revised draft will hopefully meet publication requirements (Grade A).

Company editor-in-chief:

I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Before its final acceptance, the author(s) must provide the Signed Consent for Treatment Form(s) or Document(s). Before final acceptance, uniform presentation should be used for figures showing the same or similar contents; for example, "Figure 1 Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...". Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor. In order to respect and protect the author's intellectual property rights and prevent others from misappropriating figures without the author's authorization or abusing figures without indicating the source, we will indicate the author's copyright for figures originally generated by the author, and if the author has used a figure published elsewhere or that is copyrighted, the author needs to be authorized by the previous publisher or the copyright holder and/or indicate the reference source and copyrights. Please check and confirm whether the figures are original (i.e. generated de novo by the author(s) for this paper). If the picture is 'original', the author needs to add the following copyright information to the bottom right-hand side of the picture in PowerPoint (PPT): Copyright ©The Author(s) 2022. Authors are required to provide standard three-line tables, that is, only the top line, bottom line, and

column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content. Please upload the approved grant application form(s) or funding agency copy of any approval document(s). Before final acceptance, when revising the manuscript, the author must supplement and improve the highlights of the latest cutting-edge research results, thereby further improving the content of the manuscript. To this end, authors are advised to apply a new tool, the RCA. RCA is an artificial intelligence technology-based open multidisciplinary citation analysis database. In it, upon obtaining search results from the keywords entered by the author, "Impact Index Per Article" under "Ranked by" should be selected to find the latest highlight articles, which can then be used to further improve an article under preparation/peer-review/revision. Please visit our RCA database for more information at: <https://www.referencecitationanalysis.com/>.

Authors' Response: Thank you for your guidance. We have revised the manuscript as directed by above Peer Review and Editorial Office remarks. Prior to final acceptance, we will provide the Signed Consent for Treatment Form(s) or Document(s) and original figures as PowerPoint (PPT) files. Requisite copyright information has been added to the bottom right of the PowerPoint image. We will also forward standard three-line tables. The funding agency approval documentation has been uploaded, and we have updated our manuscript with cutting-edge data to improve its content, in anticipation of publication acceptance.