Dear editor Yan,

First, we would like to say thanks to the editors and reviewers for the useful comments to improve the paper. We have addressed all the comments as explained below.

1. ANSWERING REVIEWER No.00504119:

Thank you for your positive comment.

2. ANSWERING REVIEWER No. 05061028:

Based on the characteristics of abnormal vascular anastomosis between portal vein and vena cava, the congenital portal-systemic shunt can be divided into two types. We have revised substitute "Type I Congenital extrahepatic portosystemic shunt" for "Congenital extrahepatic portosystemic shunt" on corresponding area respectively.

I do agree with you that it is necessary to simplify the title as "Type Ib Congenital extrahepatic portosystemic shunt".

The perioperative period management of pulmonary hypertension showed that Echocardiography suggested MPAP 36 mmHg and light pulmonary arterial hypertension. Pulmonary function examination indicated severe diffusion impairment. No special abnormality was observed in pulmonary respiratory function examination.

There are few reports on liver transplantation treating Abernethy deformation, and our report is the first case in China. For Type I Abernethy deformation patients, given the development into hepatic nodular regeneration, hepatic benign tumor, or the possibility of malignant transformation, liver transplantation has been considered as a good treatment. The transplantation not only hinders the development of hepatic pathological changes, but also rebuilds a normal portal vein system, with recovery to normal anatomical structure.

3.ANSWERING REVIEWER No. 02822816:

The Core-tip was written and I will re-check my manuscript carefully to correct grammatical, syntax, and spelling errors throughout the text.

I would like to re-submit this revised manuscript to World Journal of Clinical Cases, and hope it is acceptable for publication in the journal.

Looking forward to hearing from you soon.

Yours Sincerely

Ting Li