

Dear Editor,

RE: Manuscript ID:51407

Thank you for reading our manuscript and reviewing it, which will help us improve it to a better scientific level. We revised our manuscript, edited by MedE, and quite a lot of changes have taken place. So we have sent the revised manuscript, and a version containing all the changes to be visible.

At the following, the points mentioned by the reviewers will be discussed.

1#Q: The details of Autoimmune hepatitis (?SLE / drug induced /Cirrhosis) is not clear

We agree, so some explanations were added.

This patient presented with myalgia, arthritis and arthralgias, photosensitivity, oral ulcers, keratoconjunctivitis sicca, and positive ANA test 11 years ago, she was diagnosed with systemic lupus erythematosus (SLE) then. Her arthralgias was improving with treatment but right upper quadrant abdominal pain was worsening. Abdominal ultrasound showed evidence of cirrhosis 5 years ago, and she started to have recurrent hematemesis and melena 1 year ago. She underwent gastroscopic esophageal varices ligation 1 year ago, as well as surgical aortic valve replacement due to severe aortic valve stenosis. She was diagnosed with SLE related autoimmune hepatitis with decompensated liver cirrhosis.

2#Q: On what indication did the patient get listed for a Liver transplant?

The explanation was added to the manuscript.

This patient was diagnosed with SLE related autoimmune hepatitis with decompensated liver cirrhosis. She had the complications of portal hypertension and variceal hemorrhage. The Model for End-stage Liver Disease (MELD) score was 38, which indicated she was the candidate for liver transplantation.

3#Q:Abbreviations (like G test) to be expanded

Corrected. The full name of G test is 1,3- β -D-Glucan Assay.

4#Q:Details of the Liver graft function on Doppler not mentioned

Doppler was added.

5#Q: There is confusion regarding whether the imaging was MR or CT (image is CT, but in the manuscript it is referred as CT)

Corrected. The imaging was MR, abbreviation for magnetic resonance imaging was added to the manuscript.

6#Q:The legend for fig 1 does not contain the appropriate description

The description was added.

7#Q:With a GCS of 6 on post op day 19, the delay in intubation is perplexing (as per manuscript, intubated on day 20)

The explanation was added to the manuscript.

On postoperative day 19, patient had a normal pO₂ and pCO₂ with Glasgow coma scale score of 6, oropharyngeal airway (OPA) and head of bed elevation were performed initially. In the following day, endotracheal intubation was undertaken due to deteriorated pCO₂ to protect the patient's airway.

We think maybe we should intubate her earlier, but we think this does not affect the overall outcome.

8#Q:Drug dosages (Methyl prednisolone, Tacrolimus, etc)do not find a mention throughout the manuscript

Corrected.

To prevent allograft rejection, administration of methylprednisolone 25mg q6h iv (taper to 8mg po once daily on day 7 post-surgery), tacrolimus 1.5mg po q12h, mycophenolate mofetil 750mg po q12h, Basiliximab 20mg on day 0

and day 4 post-surgery. On day 19 post-surgery, while patient's mental status deteriorated, tacrolimus was discontinued, increased methylprednisolone doses to 20mg IV once daily, kept on mycophenolate mofetil 750mg q12h po.

9#Q:As Jap Enceph is not a usual screening viral agent for Transplant, it may not be considered as a limitation -There is no conclusion available
The conclusion was written.

Besides, according to the guidelines of the magazine, we added coretip in the revised manuscript.

Thanks very much!

Best Regards,

Dr. Qi Zhili