ANSWERING REVIEWERS

July 24, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 4093-review.doc).

Title: Iatrogenic Acute Budd-Chiari Syndrome Following Hepatectomy for Hepatolithiasis: two case reports

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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 the reviewer

(1) I think the iatrogenic acute Budd-Chiari syndrome (BCS)was caused by operation of hepatectomy for hepatolithiasis.It is the complication of hepatectomy for hepatolithiasis. The complication can be avoided by the evaluation preoperation.When necessary, methods may be performed to prevent iatrogenic acute Budd-Chiari syndrome (BCS) in hepatectomy for hepatolithiasis. I think the manuscript should be rejected.

Reply: Thank you very much for reviewing our paper. Just as you said, Budd-Chiari syndrome (BCS) may be considered as the complication of hepatectomy for hepatolithiasis. Hepatectomy for complicated hepatolithiasis is associated with high morbidity and mortality, which has been reported to be about 46% and 5.6% respectively in large volume center, even with exhaustive preoperative evaluation and meticulous surgical procedures. Herein, we presented our experience of encountering acute BCS, a rare complication following hepatectomy for hepatolithiasis, as well as its successful management. We do hope our experience may be helpful for colleagues.

(2) The manuscript entitled with "Iatrogenic Acute Budd-Chiari Syndrome Following Hepatectomy for Hepatolithiasis: two case reports" presents cause of acute out flow obstruction after hepatectomy and management of the complications with good outcome. While I enjoyed the manuscript, the following comments emerged: 1. The manuscript is too long for case reports and should be shortened

especially at section of case presentation. 2. The English should be edited. 3. more specify more on how to avoid the surgical complication in case with repeated cholangitis due to hepatolithiasis 4. The outflow obstruction usually happens after hepatectomy immediately, please describe why it became worse gradually.

Reply: Thank you very much for your comments

1. The section of case presentation has been shortened.

2. The English of this revised manuscript was edited by professional English language editing companies

3. To avoid the surgical complication, it is very important to take some strategies including detailed preoperative evaluation, accurate identification of anatomical relationship and meticulous surgical skills. In this article, we focused on the complication of acute BCS and elaborated how to prevent and treat this complication in detail. Given the limited space, we do not expand on the all surgical complications.

4. Indeed, the outflow obstruction usually happens after hepatectomy immediately. However, in the first case we reported, the hepatic blood outflow was not obstructed until the entrance of the HV into the IVC was blocked by the improper position of metallic stent, which was placed to resolve the stenosis of IVC. So, after the placement of metallic stent into the IVC, the situation became worse gradually. While in the second case, after HVs flow was totally broken, the liver congestion happened suddenly.

(3) Interesting paper, but at lease several points should be clarified. First of all how many surgical treatments for hepatolithiasis have been performed in the author's facility? Two cases are small number but in case of large number of surgery for hepatolithiasis were performed, what is the specific problem in these 2 cases compared with the other operated cases without complication of BCS. Iatrogenic BCS should be surveyed and discussed using PubMed etc. Table 1 is too short to understand the patient condition. More data including blood count, coagulation, etc. should be added.

Reply: Our hospital is a university based high-volume academic institution. We have rich experience in the surgical treatment of hepatolithiasis. Annually, more than 300 cases undergo surgery for hepatolithiasis in our center, half of them undergo hepatectomy. In the two reported cases with primary hepatolithiasis, more severe perihepatic adhesion and liver distortion were encountered, making it particularly difficulty in the accurate identification intra- and perihepatic anatomical relationship and surgical resection.

To our knowledge, there are some sporadic iatrogenic BCS reported as in references 5,6. However, this acute BCS following hepatectomy for hepatolithiasis has not been reported before. .

More data was added in Table 1 as per your suggestion.

Thanks a lot.

(4) 内容属肝切除术中引起血管损伤的并发症，再手术或术中搭桥修复效果良好，可以作为临床的参考。

Reply: Thank you so much. We are very glad you like our paper.

(5) The draft is well written and fluent. However, the overall management of the two cases is debatable.

Reply: Hepatectomy is necessary in some cases of hepatolithiasis but with high morbidity. Surgical complications including bile leakage, liver failure, bleeding, sepsis, are commonly reported. Herein, we just present our experience of encountering vascular injury following hepatectomy for hepatolithiasis, a rare complication as well as its successful management. We do hope our experience may be helpful for colleagues.

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

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