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Title: Modified management strategy for early hepatic artery occlusion after liver transplantation with failed intervention of revascularization: collective evidence from survivor

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Dear Editors and reviewers,

We have enclosed our revised manuscript, "Modified management strategy for early hepatic artery occlusion after liver transplantation with failed intervention of revascularization: collective evidence from survivor", which we resubmit for your further consideration for publication as a case report in World Journal of Gastroenterology.

We revised our initial manuscript according to the reviewers' suggestions. We have updated the format of the manuscript, and we provide point-by-point responses to the comments of reviewer in this letter. We have changed manuscript title (12 words) according to BPG's revision policies for case report.

Thank you for the opportunity to resubmit our manuscript, and hope you will find it worthy of publication in World Journal of Gastroenterology.

Sincerely yours,

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Reviewer 182114

1. Please tell me the detail mechanism of hepatic arterial collaterals via inferior phrenic artery.

Answer 1: Thank you for the comment. Actually, we do not know the detail mechanism of hepatic arterial collaterals via inferior phrenic artery. However, in a literature review, the arterial collateral formation via inferior phrenic artery at the bare area of liver in recurrent hepatocellular carcinoma after transarterial chemoembolization is not uncommon. We believe that these two phenomenon might share some common mechanisms in developing arterial collaterals.

2. When HAT occurs after LT, we should perform revascularization to salvage the graft. However, the success rate of revascularization is not acceptable. I think mesenteric arteriovenous shunt (Partial Portal Arterialization) (PPA) was effective in preventing hepatic function. How about PPA (mesenteric arteriovenous shunt) for HAT ?

Answer 2: Thank you for the comment. We agree with that mesenteric arteriovenous shunt (partial portal arterialization) is effective in preventing hepatic function and might also be an option to gain time until collateral arterial vessels develop or re-transplant.