

Dear Editor-in-Chief,

We are very grateful for your letter and the reviewers' comments on our manuscript. According to the comments, we carefully revised our manuscript and all revised parts are highlighted. Moreover, on behalf of both co-authors, I would like to answer the reviewers' comments point by point.

Reviewer1, Comment 1

The authors deserve praise for having done a difficult job - the article has described a series of twenty resections in a decade. It may be expected that the authors will come up with a larger series in future. The description of operative steps is one of the strong points of this article.

Answer: Thanks for the comment of reviewer. We shall continue our work to deeply understand the surgery.

Reviewer2, Comment 1

Can you please detail more the advantages and disadvantages of the different surgical approaches to caudate lobe resection?

Answer:

The advantages of the different surgical approaches are to perform CL resection easily. Left approach is suitable for the tumor located in the Spiegel lobe. Right approach is for the resection of tumor located in the caudate process. For complete CL resection, we usually used left and right approach. For giant CL tumors or the paracaval portion, anterior approach should be used. The disadvantage of anterior approach is that incidence of biliary fistula will be high because of hepatic parenchyma transection. We discussed the disadvantage and advantage depending on the comment.

Reviewer2, Comment 2

Can you add videoclips or drawing to the manuscript to detail the technical steps, in order to guide residents studying the procedure and surgeons dealing with this complex surgery?

Answer:

We added a video for caudate lobe resection. (Supplement 1)

Reviewer2, Comment 3

How do you perform liver transection?

Answer:

Hepatic parenchyma was transected with the curettage and aspiration dissection technique using Peng's multifunction operative dissector (PMOD). And the detail procedure was showed in video.

Reviewer2, Comment 4

What are the potential intraoperative complications and "mistakes"?

Answer:

The most common complication of surgery is hemorrhage. Because the locations of portal vein and short hepatic vein were not fixed and other causes include hepatic vein and IVC injury.

Reviewer2, Comment 5

Can you at least mention the role of laparoscopic caudate lobe resection?

Answer:

Caudate lobe resection is a highly difficult operation. The laparoscopic resection of the caudal lobe has been reported only sporadically. And we would like to do laparoscopic caudate lobe resection in the next step.

If you have any question, please don't hesitate to let me know.

Thanks again.

Sincerely yours,

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