

Dear Editor,

Thank you very much for your decision letter and advice on our manuscript (Manuscript #78068) entitled "Feasible management of Median Arcuate Ligament Syndrome in Orthotopic Liver Transplantation Recipients". We also thank the reviewers for the constructive comments and suggestions. We have revised the manuscript accordingly, and all amendments are indicated by red font in the revised manuscript. In addition, our point-by-point responses to the comments are listed below this letter.

Reviewer 1

1. Due to the small number of instances, no statistical analysis can be conducted; therefore, the article does not indicate which way is superior; rather, it states that in our liver transplantation center, it is possible to avoid dividing MAL with guaranteed hepatic artery blood flow.

Reviewer 2:

1. We provide the statistical methods which is descriptive in the abstract.
2. Not all patients with external compression have celiac artery symptoms with MALS.
3. Our transplantation center has no patients with atherosclerotic stenosis of the celiac trunk. Consequently, there are no data about the outcome of OLT in these individuals.
4. We mention the patients symptoms with CTA verified external compression of the celiac artery. We describe the stenosis grade criteria defined.
5. we describe how to define a satisfactory blood flow.
6. Release of the celiac trunk by dividing the median arcuate ligament is a relatively complex surgical procedure, particularly in liver transplantation, with a relatively high incidence of postoperative complications; Therefore, it is not performed at our transplantation center when hepatic artery blood flow is assured.
7. We provide ultrasound criteria for diagnosing HAT should be stated in the method section.
8. Because the donor artery anastomosis was adopted as Celiac Trunk, abbreviated as CT, it appears twice in Figure 3A. The abbreviation was used in the figure to make the graphic neat and easy to read and understand for the reader.
9. We provide markers to indicate important anatomic structures.
10. We mention the doppler ultrasound criteria for determining splenic artery steal syndrome.
11. The splenic artery was preserved but the GDA was ligated.
12. If a patient has a 50% stenosis due to external compression by MALS, a flow velocity above 350 cm/s, and no symptoms of MALS, he or she should not be classified as a MALS patient in our center, especially if there is no impact on the flow of the hepatic artery after liver transplantation.
13. We add this reference in the discussion part and mention the risk of persistent external compression from the MAL.
14. We identify the MAL that persistently externally compresses the celiac trunk and divide the MAL to alleviate the compression and enhance the blood flow in the hepatic artery.
15. The data in the tables is presented as descriptive data, so we consider that no further

elaboration is necessary.

Company editor-in-chief:

1. Following a search of the reference citation analysis, we enhance the highlights of the most recent cutting-edge research.

This revised manuscript has been edited and proofread by Medjaden Inc..

We hope that our revised manuscript is now acceptable for publication in your journal and look forward to hearing from you soon.

With best wishes,

Yours sincerely,

Guoyue Lv