

21/6/2023

Peter Schemmer

Editor-in-Chief

*World Journal of Gastrointestinal Surgery*

Dear Dr. Schemmer,

The editorial board of the *World Journal of Gastroenterology* made some constructive comments on our manuscript and suggested that we submit it to your Editorial board. We appreciate the detailed and constructive comments provided by the review panel. These comments have helped us revise and improve our manuscript and provided important guiding points to our research. We have considered the comments carefully and made corrections which we hope will be approved. Revised portions are marked in red font in the manuscript. The major corrections in the manuscript and the responses to the reviewer's comments are as follows:

### **Reviewer 1**

#### **Comment 1:**

The manuscript does not elaborate on the arterial anastomoses done at the time of implantation - how many arterial anastomoses was done at the time of implantation and whether there was any need to anastomose any one of the accessory arteries. After the implantation of the main hepatic artery proper if there was good pulsatile backflow in the accessory arteries then the accessory arteries are insignificant. However the methodology of identifying the accessory arteries during back-benching may significantly decrease the chances of injury and/or missing of a significant accessory artery. After reading the manuscript it seems evident that the liver allograft had three arteries: proper hepatic artery, accessory right hepatic artery and accessory left hepatic artery. The manuscript does not elaborate on the arterial anastomoses done at the time of implantation - how many arterial anastomoses was done at the time of implantation / whether there was any need to anastomose any one of the accessory arteries.

**Response 1:** We sincerely appreciate your valuable comment. During the liver transplantation procedure, the right accessory hepatic artery originating from the superior mesenteric artery of the donor liver was anastomosed end to end with the gastroduodenal

artery of the donor liver, and the left gastric artery was ligation after sending out the left accessory hepatic artery. This treatment ensured the blood supply of the left hepatic artery, right hepatic artery, left accessory hepatic artery, and right accessory hepatic artery, simultaneously. We have added the above description to the manuscript, where appropriate.

## **Reviewer 2**

**Comment:** I generally support the publication of this report. However, I believe that this is a topic with more relevance for the surgical community and I would suggest publication in one of the surgical journals (e.g. WJGS). This is an interesting report describing a technique of back table dissection of the hepatic artery after liver procurement from a deceased donor. The specifics of the technique mainly involves the positioning of the liver and its vascular structures during graft preparation for implantation. While there is no technique that can supplant sound knowledge of liver's vascular anatomy and meticulous dissection during back table preparation, there is always value in new approaches that can help the surgeons minimize the risk of vascular injury.

**Response:** Thank you for your recognition of the manuscript and your recommendation of a more suitable publication journal. We have accepted your suggestion and we are preparing the manuscript for submission to the WJGS Journal.

## **Editorial Office (Company Editor-in-Chief)**

**Comment:** I recommend the manuscript to be published in the World Journal of Gastrointestinal Surgery. Before final acceptance, when revising the manuscript, the author must supplement and improve the highlights of the latest cutting-edge research results, thereby further improving the content of the manuscript. To this end, authors are advised to apply a new tool, the Reference Citation Analysis (RCA). RCA is an artificial intelligence technology-based open multidisciplinary citation analysis database. In it, upon obtaining search results from the keywords entered by the author, "Impact Index Per Article" under "Ranked by" should be selected to find the latest highlight articles, which can then be used to further improve an article under preparation/peer-review/revision. Please visit our RCA database for more information at: <https://www.referencecitationanalysis.com/>.

**Response:** We thank the editorial office for pointing out shortcomings in the manuscript. We have further improved the current conventional means of donor artery trimming by using the tools provided by the editorial office. Unfortunately, we did not find any recent progress in

donor artery trimming.

We would like to take this opportunity to thank you all again for your comments and suggestions. We hope you find the revised version of the manuscript satisfactory.

Sincerely,

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