

November 2nd, 2018

To the Editorial Board of the *"World Journal of Hepatology"*.

We are submitting our revised manuscript No 41942, now entitled: "**Caval replacement with parietal peritoneum tube graft for septic thrombophlebitis after hepatectomy: a case report and literature review.**" for your consideration. We would like to thank the reviewers and the Scientific Editor of the Journal for taking the time and effort to assess our initial manuscript so meticulously. Our research group considered all of your recommendations and we modified our manuscript accordingly. Detailed replies to the Editor's and the reviewers' comments are provided below:

### **Replies to the Editor**

**Comment 1:** *Our policy for the Case Report manuscript requires the title to include the disease name, the number of cases, and the phrase "literature review".*

**Authors' reply:** The title is now: "**Caval replacement with parietal peritoneum tube graft for septic thrombophlebitis after hepatectomy: a case report and literature review.**" We also added a literature review in the discussion section.

**Comment 2:** *"A short running title of less than 6 words should be provided."*

**Authors' reply:** Thank you for your guidance. The following short title has been provided: "Management of septic thrombophlebitis after hepatectomy".

**Comment 3:** *"In order to improve the quality of Case Report manuscripts, authors should download and complete the 'CARE Checklist (2016) of information to include when writing a case report' to ensure that the manuscript meets the requirements of the CARE Checklist (2016). Authors must state on the title page of the manuscript that the guidelines of the*

CARE Checklist (2016) have been adopted (see below). Authors must upload the PDF version of the completed checklist to the system.”

**Authors’ reply:** Thank you for your guidance. The CARE Checklist has been adopted and the PDF version has been uploaded.

**Comment 4:** *“Please upload the primary version (PDF) of the Informed Consent Form (Surgical procedures or other) that has been signed by the patients in the study, prepared in the official language of the authors’ country to the system; for example, authors from China should upload the Chinese version of the document, authors from Italy should upload the Italian version of the document, authors from Germany should upload the Deutsch version of the document, and authors from the United States and the United Kingdom should upload the English version of the document, etc. »*

**Authors’ reply:** The original Informed Consent Form has been signed, and uploaded in pdf.

**Comment 5:** *“Please offer signed pdf format. A conflict-of-interest statement is required for all article and study types. In the interests of transparency and helping reviewers to assess any potential bias in a study’s design, interpretation of its results or presentation of its scientific/medical content, the BPG requires all authors of each paper to declare any conflicting interests (including but not limited to commercial, personal, political, intellectual, or religious interests) in the title page that are related to the work submitted for consideration of publication. In addition, reviewers are required to indicate any potential conflicting interests they might have related to any particular paper they are asked to review, and a copy of signed statement should be provided to the BPG in PDF format.”*

**Authors’ reply:** The conflict-of-interest statement has been signed, and uploaded in pdf.

**Comment 6:** *“An informative, structured abstract of no less than 250 words should accompany each manuscript. Abstract should include background, case summary, and conclusion. The Abstract will be structured into the following sections, adhering to the word count thresholds indicated in parentheses:*

BACKGROUND (no more than 80 words)

*What does this case report add to the medical literature? Why did you write it up?*

CASE SUMMARY (no more than 150 words)

*Chief complaints, diagnoses, interventions, and outcomes.*

CONCLUSION (no more than 20 words)

*What is the main “take-away” lesson from this case?”*

**Authors’ reply:** The abstract has been modified, accordingly to these recommendations.

**Comment 7:** *Please offer the audio core tip, the requirement are as follows:*

*In order to attract readers to read your full-text article, we request that the first author make an audio file describing your final core tip. This audio file will be published online, along with your article. Please submit audio files according to the following specifications:*

*Acceptable file formats: .mp3, .wav, or .aiff*

*Maximum file size: 10 MB*

*To achieve the best quality, when saving audio files as an mp3, use a setting of 256 kbps or higher for stereo or 128 kbps or higher for mono. Sampling rate should be either 44.1 kHz or 48 kHz. Bit rate should be either 16 or 24 bit. To avoid audible clipping noise, please make sure that audio levels do not exceed 0 dBFS.*

**Authors’ reply:** The audio core tip has been uploaded, accordingly to these recommendations.

**Comment 8:** *The main text contains introduction, introduction, case presentation, multidisciplinary expert consultation, final diagnosis, treatment, outcome and follow-up, discussion, experiences and lessons, acknowledgments, and references. The main text writing is as follows:*

INTRODUCTION

*The current standard of care and contributions of this case – with references (1-2 paragraphs)*

CASE PRESENTATION *(should include chief complaints, history of present illness, history of past illness, physical examination, laboratory testing, imaging examination, and genetic testing, etc.)*

*Chief complaints*

*History of present illness*

*History of past illness*

*Physical examination*

*Laboratory testing*

*Imaging examination*

*Genetic testing*

...

MULTIDISCIPLINARY EXPERT CONSULTATION (If relevant)

*Andrzej S Tarnawski, DSc, MD, PhD, Professor, Chief Gastroenterology*

...

*Bao-Gan Peng, MD, PhD, Chief Doctor, Professor, Department of Spinal Surgery*

...

FINAL DIAGNOSIS

TREATMENT

OUTCOME AND FOLLOW-UP

DISCUSSION

*(1) Strengths and limitations in your approach to this case;*

*(2) Specify how this case report informs practice or Clinical Practice Guidelines;*

*(3) How does this case report suggest a testable hypothesis? ; and*

*(4) Conclusions and rationale.*

EXPERIENCES AND LESSONS (3 to 5 bullet points – this is a required field)

**Authors' reply:** The manuscript has been modified, the titles has been added, accordingly to these recommendations.

**Comment 9:** “Please add PubMed citation numbers and DOI citation to the reference list and list all authors. Pleased provide PubMed citation numbers for the reference list, e.g. PMID and DOI, which can be found at <http://www.ncbi.nlm.nih.gov/sites/entrez?db=pubmed> and <http://www.crossref.org/SimpleTextQuery/>, respectively. The numbers will be used in the E-version of this journal. Thanks very much for your co-operation.

Such as: 1 **Nayak S, Rath S, Kar BR.** Mucous membrane graft for cicatricial ectropion in lamellar ichthyosis: an approach revisited. *Ophthal Plast Reconstr Surg* 2011; e155-e156 [PMID: 21346670 DOI: 10.1097/IOP.0b013e3182082f4e]"

**Authors' reply:** The references has been modified, accordingly to these recommendations.

## **Answer to the reviewers**

### **Reviewer 1: Reviewer's code: 02541859**

*It is an interesting but not an unusual case.*

### **Reviewer 2: Reviewer's code: 03024263**

*The authors reported a case of successful treatment of the septic thrombophlebitis of the vena cava. I really did not find in the available to me literature the description of this extremely dangerous complication after hepatectomy. They applied an original approach, which, in addition to combining antibiotics and anticoagulants, percutaneous drainage of bilioma, included surgical thrombectomy and complete caval reconstruction with parietal peritoneum tube graft. To the best of my knowledge, the first similar procedure in humans was described in 1999 by an Australian team in patients underwent inferior vena cava resection and reconstruction with autogenous peritoneo-fascial graft. In my opinion, the use of this method in septic conditions is more advisable than inferior vena cava reconstruction with PTFE grafts. I'm interested in long-term results in the described patient.*

**Authors' reply:** We added this reference to our work (Reference n°14: Chin PT, Gallagher PJ, Stephen MS. Inferior vena caval resection with autogenous peritoneo-fascial patch graft caval repair: a new technique. *Aust N Z J Surg* 1999;69:391-2.)

### **Reviewer 3: Reviewer's code: 00069423**

*This is the rare case of septic thrombophlebitis of vena cava after hepatectomy. Authors have carried out clean and excellent surgical intervention by prompt surgical thrombectomy followed by reconstruction of vena cava using parietal peritoneum tube grafting. This case report would certainly help others in the future who may encounter this rare complication following the partial hepatectomy. Authors are commended for their keen diagnosis, surgical skill and the lucid case report.*

**Reviewer 4: Reviewer's code: 02904354**

*This is an interesting case with clear CT and surgery images. It is well written and easily read. It is eligible for the publication in this journal. I have only one comment as follows. Please add the literature review regarding septic thrombophlebitis of IVC.*

**Authors' reply:** We added the following paragraph, with the references (page 6):

*"Isolated septic thrombophlebitis of the vena cava has been reported in a small number of cases, mainly caused by prolonged central venous catheterization, but never after hepatectomy[4–6]. Septic thrombophlebitis of the vena cava is a rare disease that induce the increase of the morbidity and the mortality, as a result of sepsis and septic emboli that can cause septic pulmonary emboli and infective endocarditis[7]."*

**Reviewer 5: Reviewer's code: 02527808**

- *The data of the case need more details about associated morbidness (e.g DM, HTN, immune deficiency states) what about coagulation status of the patient, past history of thromboembolic manifestations.*

**Authors' reply:** We added the following sentence (page 5):

*"Besides its cancer, the patient had no medical history, including thromboembolic or cardiovascular diseases."*

- *Some hints about the laboratory investigation and what the criteria of diagnosing sepsis. What is the type of antibiotic received, what is the results of blood cultures.*

**Authors' reply:** We added the following paragraph (page 5):

*"Antibiotic treatment based on ceftriaxon, teicoplanin, and caspofungin was started while the bilioma was percutaneously drained on POD10, and cultures were positive*

for *Candida albicans*. However, both the *Enterococcus faecium* bacteraemia and the *Candida albicans* fungemia persisted, with sepsis (high-grade fever, hyperleukocytosis and tachycardia). The choice and the administration of these antibiotics were deemed to be appropriate, as were the teicoplanin serum levels."