

POINT-BY-POINT RESPONSE

Dear Editor, please find enclosed the revised manuscript in Word format (file name "Revised manuscript").

Title: REFRACTORY HEPATOPULMONARY SYNDROME AFTER LIVER TRANSPLANT: NEW THERAPEUTIC STRATEGIES WITH EXTRACORPOREAL MEMBRANE OXYGENATION. A CASE REPORT

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Name of Journal: World Journal of Transplantation

Manuscript NO: 89223

Manuscript Type: Case Report

Thank you very much for your kind e-mail and the possibility to revise our manuscript. We emended the paper according to the reviewers' and editors' comments. We hope this revision will make our manuscript better to be accepted in your journal.

Each comment has been answered accordingly in the manuscript and each text that has been altered was highlighted in yellow as required.

We hope that the revised version will fulfill the requirements and standards for publication in your journal.

Yours Faithfully.

REPLY TO REVIEWER'S COMMENTS

- 1) Please do ensure that full sentences are used throughout the manuscript. As an example in Page 3 - "The case presentation" contains subheadings with phrases in each subheading - which is appropriate for an oral presentation. A written case report will require the same information in full sentences. For eg. History of present illness has phrases. These require full sentences. Please also ensure that a complete spell-check is carried out since there are typographical errors in the manuscript.

The whole manuscript has been revised by a professional English translator and has also rewritten the concerning paragraphs in full sentences. We will attach the required language certificate.

- 2) Please do add follow up details - if available. As mentioned in Page 4, "The patient was discharged from the hospital on POD 27, asymptomatic from a respiratory standpoint, maintaining O2Sat levels of 89-90% with very good tolerance." It would be interesting to note if there was further improvement in his respiratory status with increase in his saturations from the discharge levels of 88 to 90%.

Further information about follow-up has been provided under the appropriate subheading. The patient has had a positive respiratory recovery and has an optimal oxygen saturation with no need for domiciliary oxygen therapy.

- 3) Since there is only 1 table - "TABLES" is inappropriate in Page 5. It must be "TABLE"

The title has been changed to "table" as suggested.

- 4) The authors have listed 10 cases in the literature. In Page 4 , last paragraph - the authors claim that "10 adult patients (including our case) where vvECMO has been implemented in different peri-transplant scenario as a treatment for HPS have been published (Table nº1)." The above statement gives an impression that ONLY 10 cases have been published so far in the literature. This is not the case since in Ref 1. cited by the authors - 16 cases have been analysed. My point being - it would be very informative for the readers if the authors include the data of the remaining patients, it would be an uptodate status. If they are unable to do so, they need to rephrase the sentence as " Table 1 lists some of the cases who had ECMO peri-operatively. Ideally, it will also be nice if the authors total up the number of cases and mention that until date or time of publication, "x" number of patients have had ECMO in the perioperative period

In this article, we only refer to the use of venovenous ECMO in adults, specifically for the treatment of Hepatopulmonary Syndrome in the context of liver transplant. Therefore, this is not a review of all patients with ECMO in the liver peri-transplant scenario, as the rest of the cases described (not included in our table) involve paediatric patients or were used in the treatment of other underlying conditions such as Portopulmonary Hypertension, Pulmonary Arterial Hypertension, or required the use of arteriovenous ECMO due to severe cardiac dysfunction. This is why there are only 10 ADULT patients published as we claim.

REPLY TO EDITORIAL COMMENTS

- 1) The authors report a case of enolic cirrhosis and portal hypertension. The case summary is clear, but the information of image examinations and follow-up should be supplemented.

Follow-up has been supplemented as stated above.

- 2) Authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content.

The table has been corrected to match these requirements.

- 3) Language evaluation: Grade C (A great deal of language polishing). Further language polishing is required in order to meet the publication requirement (Grade A). Please send the revised manuscript to a professional English language editing company or a native English-speaking expert to polish the language further. When you submit the subsequent polished manuscript to us, you must provide a new language certificate along with it. 6 Recommendation: Conditional acceptance.

The whole manuscript has been revised by a professional English translator. We will attach the required language certificate.

- 4) Before its final acceptance, please provide and upload the following important documents: Signed Consent for Treatment Form(s) or Document(s), the primary version (PDF) of the consent for treatment that has been signed by the patients in the study, prepared in the official language of the authors' country to the system.

The consent form has been attached too.