

Format for ANSWERING REVIEWERS



April 24th 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 10123 reviers.doc).

Title: Title: Diagnostic Dilemma of Coagulation Problems in Patient with HIV and ESLD Undergoing Liver transplantation.

Authors: Ali Abdullah, Ibtesam A Hilmi, Raymond Planinsic

Name of Journal: *World Journal of Transplantation*

ESPS Manuscript NO: 10123

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

- (1) To answer your question regarding the status of the donor, he was a living liver donor very healthy, no infectious disease of any kind and ABO compatible. All his laboratory tests were normal including negative for any hypercoagulability-related problems. At our Institution the live donors are tested for protein C and S deficiency, antithrombin II, and lupus anticoagulant. The discussion about the HIT is due to the fact that this patient was considered to have HIT on clinical background and treated as such until the test results became available. The recommendation about the use of intraoperative low dose heparin for the HIV patients on HARRT and not for patients with HIT. The TEG monitoring is usually done on hourly basis or more frequently if the clinical situation demanding that. The use of Doppler is the standard of care at our center, and it used to monitor the flow postoperatively and checking on the vascular anastomosis intraoperatively. All your comments and suggestions were seriously considered in the revised version. Thank you for your constructive criticism.
- (2) Thank you for your comment.
- (3) All the abbreviations and the references were corrected according to your suggestions. Thank you for your comments.

Thank you again for publishing our manuscript in the *World Journal of Transplantation*

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Ibtesam A. Hilmi'.

Ibtesam A. Hilmi, MBCHB, FRCA

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