Author's response to reviews

Title: Salvage living donor liver transplantation after percutaneous transluminal angioplasty for acute Budd-Chiari syndrome: a case report

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Author's response to reviews: see over
Dear Editor:

Re: MS1639632092424967

We appreciate the reviewer’s comments concerning our manuscript re-entitled “Salvage living donor liver transplantation after percutaneous transluminal angioplasty for recurrent Budd-Chiari syndrome: a case report”. We have made changes in the text in response to all points recommended by the reviewer as follows.

REPLY TO REVIEWER

1. The name of acute BCS should be reconsidered as the patient has a history of BCS for more than a year. Acute deterioration may be preferred instead of using acute BCS in this particular case.

We agree with the reviewer’s comment. We changed many sentences related to acute BCS. We also changed the title of the manuscript in the revised version.

2. Laboratory data regarding the patient’s condition before PTA, before surgery and after surgery is missing. These can be presented as a separate table. Clinical scoring systems such as MELD and Child also can be employed.

According to the reviewer’s suggestion, we added a new table showing the laboratory data including the MELD and Child-Pugh scores (new Table 1).

3. The follow-up, only one month, is relatively short. The patient’s situation can be reported in 3 or 6 months time, as recurrence of the disease is not uncommon even after transplantation. This also should be documented with one of the imaging techniques, multislice CT would be the best.

We agree with the reviewer’s comment. We added multislice CT images one year after the transplantation (new Figure 4). These images showed that the congestion of the liver completely disappeared with normal blood flow inside the vessels.
4. Anticoagulation of the patient is not mentioned at all, this should be clarified, even if anything is not given for anticoagulation.

The patient was given an anti-coagulant therapy after the initial PTA. However, a severe stricture of the hepatic vein occurred. We added this information in the revised manuscript.

5. There are a lot of grammatical errors, these should be revised. (Examples: Computed tomography (CT) is reportedly a more sensitive modality for showing any parenchymal abnormalities. If the situations allowed us, the liver transplantation should be considered as one of the candidates for salvage alternative therapeutic options.)

We asked a professional native English-speaking scientific proofreader to check the English syntax of our revised manuscript.

We have done our best in compliance with your comments, and we hope that our revised manuscript will be acceptable for publication in the *Journal of Medical Case Reports*.

Thank you very much in advance for your time and effort.

Sincerely yours,

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Enclosure(s)