Author's response to reviews

Title: Resolution of biliary stricture after living donor liver transplantation in a child by PTCD: a case report

Authors:

Gabriel Putzer (gabriel.putzer@i-med.ac.at)
Peter Paal (peter.paal@i-med.ac.at)
Andreas P. Chemelli (andreas.chemelli@i-med.ac.at)
Walter Mark (walter.mark@i-med.ac.at)
Wolfgang Lederer (wolfgang.lederer@i-med.ac.at)
Franz J. Wiedermann (franz.wiedermann@i-med.ac.at)

Version: 3 Date: 10 April 2013

Author's response to reviews: see over
Reviewer's report
Title: Resolution of biliary stricture after living donor liver transplantation in a child by PTCD: a case report
Version: 1 Date: 18 March 2013
Reviewer: sherif shehata
Which of the following best describes what type of case report this is?: Presentations, diagnoses and/or management of new and emerging diseases
Has the case been reported coherently?: Yes
Is the case report authentic?: Yes
Is the case report ethical?: Yes
Is there any missing information that you think must be added before publication?: Yes
Is this case worth reporting?: Yes
Is the case report persuasive?: No
Does the case report have explanatory value?: Yes
Does the case report have diagnostic value?: No
Will the case report make a difference to clinical practice?: Yes
Is the anonymity of the patient protected?: Yes

Comments to authors:
First, the Description of methods for managing the biliary strictures should be written in details in the methods with the exact description of the procedure including the elaboration about the use of flouroscopic guidance in placement..

In the Case Presentation we made following changes:

During PTCD a thin needle is inserted percutaneously and advanced through liver tissue under radiographic or sonographic guidance until a bile duct is entered. Non-ionic iodinated contrast is used to outline the bile duct system. When the correct position of the needle is confirmed by x-ray a catheter is inserted to allow the bile to drain either into a small pouch attached outside the body or into the small intestine.

Second, is the period of 6 months following last dilation session is enough, and what is the further follow up protocol to prevent recurrence of stricture and future speculation to prevent the known 30 % stricture rate post LDLT.

In the Case Presentation we added the following sentence:

In a two-year follow-up no further surgical and radiological interventions were found to be necessary.

In the Discussion we made following changes:

Repeated reinterventions, however, increase the complication rate [8]. When PTCD fails, however, the follow-up protocol would include surgical revision of the transplanted liver.
Third, more description of former surgical history and histopathology is needed to added.

In the Case Presentation we added the following sentences:

During the postpartum period, the neonate developed fever and presented with increased liver enzymes and progressive conjugated hyperbilirubinemia. Ultrasound examination of the abdomen revealed complete obliteration of the extrahepatic biliary system indicating type III biliary atresia.

At an age of four months, hepatoportoenterostomy (Kasai procedure) was performed to allow for bile drainage [3]. Histopathological examination revealed fibrous remnants of extrahepatic bile ducts and gallbladder with lymphocyte infiltration of the tissue.

Pre and post dilation contrast will be a very good addition.

Quality of written English: Acceptable

Reviewer’s report
Title: Resolution of biliary stricture after living donor liver transplantation in a child by PTCD: a case report
Version: 1 Date: 15 March 2013
Reviewer: Sameh Shehata

Which of the following best describes what type of case report this is?: Presentations, diagnoses and/or management of new and emerging diseases

Has the case been reported coherently?: Yes
Is the case report authentic?: Yes
Is the case report ethical?: Yes
Is there any missing information that you think must be added before publication?: No
Is this case worth reporting?: Yes
Is the case report persuasive?: Yes
Does the case report have explanatory value?: Yes
Does the case report have diagnostic value?: Yes
Will the case report make a difference to clinical practice?: Yes
Is the anonymity of the patient protected?: Yes

Comments to authors:
In the case presentation:
You need to replace "portal hyperplasia" with "portal hypertension.

After carefully revision of the case we made following correction:

The patient presented with hypoplasia of the portal vein and inadequate flow from portal anastomosis. Therefore, a portocaval hemi-transposition was performed. The surgeon anastomosed an arterial interposition graft from an ABO-identical deceased donor end-to-side to the recipient retrohepatic vena cava and end-to-end to the portal vein of the liver graft.

Quality of written English: Needs some language corrections before being
published

Declaration of competing interests:
'I declare that I have no competing interests'