Reviewer’s report

Title: Visual quality assessment of the liver graft by the transplanting surgeon predicts postreperfusion syndrome after liver transplantation: a retrospective cohort study

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Reviewer: Fuat Saner

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Visual quality assessment of the liver graft by the transplanting surgeon predicts postreperfusion syndrome after orthotopic liver transplantation: a retrospective cohort study

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The authors conducted a retrospective study to describe predictors for the reperfusion syndrome.

The study indicated that histological work-up of the graft do not predict a reperfusion syndrome in contrast to visual assessment of the transplant surgeon. The higher the norepinephrine dose the more likely was a reperfusions syndrome Patients with reperfusions syndrome required more vasopressor doses due to lower MAP.

The manuscript is clearly written, and the results are well presented. The results appear to be valid and the methodology is appropriate.

There are a few specific issues the authors should address by making modifications to the manuscript or by clarifying in their response, after which I would consider this work suitable for publication in BMC Anesthesiology.

The authors use frequently the term "organs with poorer quality". Please replace this phrase with "organs with extended criteria donors" or ECD organs.

Please replace orthotopic liver transplantation (OLT) with liver transplantation (LT). In the recent 25 years auxiliary LT became very rare. The results were not very encouraging.

The authors mentioned that they use vasopressin. Was it really vasopressin or terlipressin?

Results:

The authors state that for coagulation management the use FFP, PCC, and fibrinogen. They monitored additionally the patients by viscoelastic tests.
Why do you prefer this approach? Kirchner et al. (Transfusion 2014) described a POC based coagulation factor hemostasis treatment. The MELD score of the patients were comparable with this study, but the transfusion rate, particular FFP and RBC were tremendously lower (0 against 18) (2 against 10). Please make a comment on that or describe your transfusion and coagulation management protocol. Probably you follow other transfusion triggers, or the huge amount of FFPs requires at least 5-6 RBC transfusion without bleeding etc.

The authors mentioned that they evaluated the early allograft dysfunction (EAD) rate but it does not appear in the results. Please add this issue. Did EAD correlates with reperfusion syndrome?

Please address all points and highlight them in the revised manuscript.

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

Yes

**Does the work include the necessary controls?**
If not, please specify which controls are required in your comments to the authors.

Yes

**Are the conclusions drawn adequately supported by the data shown?**
If not, please explain in your comments to the authors.

Yes

**Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?**
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I am able to assess the statistics

**Quality of written English**
Please indicate the quality of language in the manuscript:

Needs some language corrections before being published

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