Mukhtar et al. conducted a prospective trial in LDLT patient and evaluate in this patient cohort, if a minimal fluid challenge may predict fluid response, defined as 15 % increase of SV, in patients with ESLD.

A total of 50 patients were recruited to the study. SV was calculated by the product of subaortic velocity time integral (VTI) and LV outflow tract (LVOT).

The authors found in 34 patients fluid responders. In the subgroup analyses patient with Child A cirrhosis increased significant with SV after mini fluid challenge in contrast to patients with Child B or C cirrhosis.

The authors concluded that minimal fluid response was accurate in patients with Child A cirrhosis but failed for patients with Child B or C cirrhosis.

The authors addressed an interesting topic. Fluid response prediction is a key player for these patients. Hemodynamic stability, which is close related to fluid management, is an important parameter for graft function and/or kidney function, both has an important impact on morbidity and mortality.

The introduction is clearly providing an overview about the actual literature of the topic. The statistics, including sample size calculation is adequate and correct done.

In the discussion, own data are discussed with the current literature. Disparities are sufficient discussed.

There are only 2 minor comments to the authors:

1. Why the authors chose SV of 15% instead of 10%. Probably 15% will be to insensitive. Please give a comment on this topic.

2. Did the patients had a right-heart catheter or a PICCO system in order to assess the cardiac index, which is the gold standard for fluid response?
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:

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