Author’s response to reviews

Title: Dual Graft Living Donor Liver Transplantation - A Case Report

Authors:
VINAYAK NIKAM (vinayak_nikam@yahoo.com)
VINAYAK NIKAM (vinayak_nikam@yahoo.com)
Ravi Mohanka (ravimohanka@gmail.com)
Ankush Golhar (Ankush9golhar@gmail.com)
Rashmi Badhe (rashmibadhe@gmail.com)
Prashanthaa Rao (prashanthasrao@gmail.com)
Parul Gadre (parulsamir@gmail.com)
Anurag Shrimal (dranuragshrimal@gmail.com)

Version: 3 Date: 03 Jul 2019

Author’s response to reviews:

Editor Comments:
Consent for publication

In this section, please clarify whether consent to publish were obtained from all the patients (recipient and donors).

Response to editor comments –

Dear Editor,

We are grateful for critical analysis of paper and suggestions. We have taken all the comments into consideration and are submitting a revised version of the manuscript. We hope that you will find the revised version of our manuscript suitable for publication in the BMC Surgery, and we look forward to hearing from you at your earliest convenience.
Response to editor comments –

All patients (recipient and donors) had given consent for publication. We have submitted the completed declaration form.

All sections of declaration form have been completed as per editorial Policies.

Reviewer reports:

Florin Botea (Reviewer 1): This is a well written paper on a very interesting and rare topic, dual LDLT.

However, 2 things need to be better clarified:

1. The volumetry of the left lateral lobe (donor 2): preoperatively was 295g (GRWR 0.32) and intraoperatively was 374g (GRWR 0.41). This is very strange (actual volume being significantly larger than estimated) and should be commented on, as ususally the difference in volume is opposite (the actual volume is underestimated preoperatively).

2. Intraoperative aspects with the anastomosis (at least a drawing, if not the actual pictures)

Minor issues:

- An image with the bile ducts in donor 2 is not included in the paper
A comment about the possibility to use reversed left lobe (instead of the right lobe); using left lobe from both donor may have been feasible in this case.

In conclusion, I consider that the paper may be considered for publishing after revision.

Dear Dr Botea,

Thank you for your critical analysis of our work. We have done following changes to manuscript.

Response to first reviewer:

1) We completely agree with your observation that Right and left lobes estimated graft weight (EGW) on CT Volumetry is overestimated as compare to Actual graft weight (AGW). For Left lateral segment (LLS) graft, CT may underestimate the volume because actual surgical plane of transection is around 1 cm to the right of falciform ligament whereas radiological plane is at falciform ligament. In addition to that non-hepatic tissues like falciform ligament which are excluded in CT volumetry are a part of LLS allograft included in AGW.


2) As per your recommendation, we tried to search more actual intraoperative pictures but unfortunately we have only one actual intraoperative picture which is already a part of submitted manuscript.

Minor issues

a) As per your suggestion - Donor 2 MRCP image – Figure 10 (Bile Duct Image) is included.

b) In this case it could have been possible to use reversed left lobe graft. However we chose Right lobe graft over left lobe as we have maximum experience in Right Lobe LDLT. We have 100% safety record for all our Right lobe donors (220 Cases). Moreover reverse left dual graft surgery is technically challenging and associated with more complications.
Paolo Magistri (Reviewer 2): Authors reported a case of dual living donation for liver transplantation. It is a very interesting case; a didactic and detailed description of the decision-making process has been reported, along with a precise discussion on relevant issues on the topic, including the ethical implications.

At this time the paper would benefit from an extensive English revision and more detailed intraoperative pictures.

Response to second Reviewer

Dear Dr Magistri,

Thank you for your expert comment on our manuscript. We have included one intra-operative picture in the submitted manuscript. Unfortunately we don’t have more intra operative pictures. Also as per your recommendation we have revised the English language.

Sincerely,

Dr Vinayak Nikam