Author's response to reviews

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

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Version: 4 Date: 27 Aug 2019

Author's response to reviews:

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.

Sincerely,

Dr Vinayak Nikam
Institute of HPB Surgery and Transplantation,
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Reviewer reports:

Florin Botea (Reviewer 1): Please include in the text (Discussions) your responses following the reviews:

1. "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 nonhepatic tissues like falciform ligament which are excluded in CT volumetry are a part of LLS allograft included in AGW". Goja et al. HepatoBiliary Surg Nutr 2018;7(3):167-174

2. "In this case it was 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."

After that, I think that the paper will be fit for publishing

Dear Dr Botea,

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

Response to reviewer:

Suggested changes are added to discussion –

1. "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 nonhepatic tissues like falciform ligament which are excluded in CT volumetry are a part of LLS allograft included in AGW”.

Please see the Discussion - Ethical dilemma and drawbacks of dual lobe section

Paragraph -5, Page no- 11

2. "In this case it was 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. "

Please see the Discussion - Ethical dilemma and drawbacks of dual lobe section

Paragraph - 3, page no 10

In reference section – Page no 14 – one more reference added