

OUR POINT-BY-POINT RESPONSES TO THE REVIEWERS' COMMENTS & INQUIRIES

Reviewer 's code: 00504802

We appreciate the time and expertise the Reviewer has put into this review.

- Reviewer's comments:
"1. On images, the left renal tissues are less apparent - potential for discordant perfusion and function even at baseline? Was split renal function test done before the surgery; further, what were the actual serum creatinine and eGFR values before / 2 weeks after the surgery?"

Actually we did not perform split renal function test before the surgery for our patient. The renal function tests were normal during the follow up. Actual serum creatinine levels were 0.45 and 1.0 mg /dl respectively before and 2 weeks after the surgery. We observed the uptrend of serum creatinine levels for our patient nevertheless serum creatinine levels, serum electrolyte levels and urine output of our patient were in normal range. Besides renal functions can be affected by multiple reasons such as tacrolimus which is a nephrotoxic immunosuppressive agent. Long term renal functions may be affected after renoportal anastomosis but unfortunately we lost our patient and we couldn't follow up our patient for long term renal functions.

- "2. Figure 4 needs pointer (arrowheads)with explanations (just like Figure 1.)"**

We have added pointer with explanations for figure 4.

- "3. As this was an end-to-end RPA between the left renal vein and the graft portal vein - what has happened to left kidney? On follow up images, less impressive/noticeable. Was Doppler investigation done for the left kidney, as well?"**

As we explained above, renal functions were in normal range during follow up. Doppler US was also performed for our patient. Vascular structures were unobstructed.

We also appreciate for the review of our case report and we corrected the minor spelling errors.

Reviewer 's code: 01560464

- **Reviewer's comments:**

"The case report is the first patient with end-stage liver disease to receive LDLT with RPA after surgical proximal SRS. The clinical experience is very important to treat the similar patients in the future. 2) I suggest that the manuscript can be published in the form of Case Report in World J Transplantation."

We appreciate the time and expertise the Reviewer has put into this review.

Reviewer 's code: 03013053

- **Reviewer's comments:**

"By doing the renal vein anastomosis end-to-end with the graft portal vein, this may have: 1- Raised the pressure to the left kidney outflow, especially in the presence of spleno-renal shunt, which may have long-term effects on renal function. 2- produced excessive

portal flow to liver. Unfortunately the authors lost their patient after two months, so the authors should mention that the long-term outcome, the portal hemodynamics and the effects of altering the renal venous drainage remain uncertain. This is important to ensure the feasibility and success of the technique. Did the authors think about performing the anastomosis end-to-side with the left renal vein without ligation at caval side? Did the authors measure pressure in interposition graft after anastomosis?"

Unfortunately we lost our patient during follow up so we can't learn the long term effects of our technique. We preferred to perform an end to end anastomosis between renal vein and portal vein in order to maintain adequate portal inflow. We did not measure the pressure in interposition graft after anastomosis.