

Review of: "Biliary Complications Following Liver Transplantation: The First Single-Center Tunisian Experience"

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Potential competing interests: No potential competing interests to declare.

The study of Dr. Omrani et al. is interesting because it reports experiences of biliary complications in one of the few Tunisian centers performing liver transplantations (LT).

I have a number of comments about the presentation of the data: I did not understand why the results chapter described 37 patients in the first paragraph and 18 patients in preoperative data. There is a vagueness in the number of retransplantations. A flowchart would be useful for understanding. Similarly, the results would greatly benefit from 1 or 2 tables of data. The text is boring and incomplete. I understood that you excluded perioperative death and primary nonfunction to describe biliary complications, but you must precise them.

A huge problem is to mix LT from living donors and LT from cadaveric donors. Indeed, in one case, biliary and arterial anastomoses are technically much more difficult and therefore results are not comparable.

Regarding statistical analysis, with 49 LT, I wonder how you can reach reliable conclusions with a multivariate study. In any case, the conclusion of the study will lead to a comparison with published results of large studies. References older than 10 years can be cited, but it is difficult to draw pathophysiological explanations from these old papers about the mechanisms of biliary complications, such as references #12 (1996), or #8 (1992).

Patient survival, graft survival, and arterial and biliary complication-free survival would be interesting, for you and for the readers.

It seems that the severity of portal hypertension is a risk factor. This is not classical and should be better discussed.

Regarding the form, spaces are missing in many places. Abbreviations are not specified such as "HAT," "CJ," "DD," "BC" at the end of the discussion. These errors show a lack of proofreading and superficial work that make the work not acceptable as it is.

Major changes could make it evaluable.