

## ANSWERING REVIEWERS



July 9, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 11805-review.doc).

**Title:** Transjugular intrahepatic portosystemic shunts and portal hypertension-related complications

**Author:** Sith Siramolpiwat

**Name of Journal:** *World Journal of Gastroenterology*

**ESPS Manuscript NO:** 11805

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

(1) Reviewer 1

1. Page4 'Pre-procedural consideration' section must include additional explanation for conservative treatment for portal hypertension related complications. Interventions such as TIPS have side effects and should be avoided if there are other conservative treatments.

**Thank you the reviewer for the suggestion. This point has been added in the section "pre-procedural consideration" according to the suggestions of the reviewer. However, the detail of conservation treatments for portal hypertension-related complications, as well as the idea that TIPS should be considered only in patients who fail standard treatment, have been described in individual section (e.g. variceal bleeding, ascites).**

*"Taking into account its invasiveness and complications, the indication of TIPS should be firmly addressed before performing the procedure. Generally, TIPS is recommended only in patients with PH-related complications who fail conservative treatment."*

2. Why the patients with cover stent showed good shunt patency and lower risk of hepatic encephalopathy? I think the good patency shunt worsen the hepatic encephalopathy. Please add additional explanation for this contradiction.

**Thank you for your suggestion. The possible explanations have been addressed in the revised manuscript.**

*"Theoretically, better shunt patency should result in a higher rate of hepatic encephalopathy. The significantly lower rate of hepatic encephalopathy in the PTFE-covered stent group could possibly be explained by the fact*

*that those with uncovered stent experienced higher numbers of clinical relapses, hospitalizations, and re-interventions, which eventually aggravated hepatic encephalopathy."*

3. Page11, L19; How did the authors select the three trials? Are there no other reports?

4. Page18, Line22; How did the authors selected the six randomized trials? The method how to select these six trials should be mentioned.

5. Page21, Line22; How did the authors select the five uncontrolled studies? The method how to select these five trials should be mentioned.

**Thank you for the comments. An extensive search in Pubmed has been performed before writing the manuscript. So far, there are only 3 reports evaluating early TIPS, and 6 RCTs comparing TIPS and large volume paracentesis for refractory ascites.**

**Regarding the hepatorenal syndrome, until now, there are 5 high-quality trials addressing this point, which have been widely cited by many articles. Of which, only three were prospective trials. All three trials have been mentioned in the manuscript (Ref 121-123). Hence, the phrase "At least five uncontrolled studies" has been changed to "To date, several studies" to makes it clearer for the readers.**

6. The authors are recommended to add a picture, which show the method and side effects of TIPS.

**Thank you for the suggestion. The figures of the method of TIPS placement have been added to the revised manuscript. As the main purpose of this article is to review the clinical application of this procedure (not to comprehensively review of how the procedure is performed), so the figure of complications related to procedure has not been added. However, the complications of TIPS placement have been briefly mentioned the text (section "complications and contraindications").**

**I would like to thank the reviewer for pointing out several minor language mistakes. I had the paper extensive reviewed by native English speakers with experience in scientific English. I am now confident that the manuscript will fulfill the requirement of *World Journal of Gastroenterology*.**

(2) Reviewer 2

It is important to clarify the status and prospects of TIPS to treat the PH, and is better to guide to clinical doctors engaging in digestive disease.

**I appreciate the reviewer's comment and agree that a guidance approach for clinicians of how to select the patients and proper timing for TIPS placement is the most important subject in clinical practice. Therefore, this issue has been mentioned several times in this article. Especially, I have attempted to address when and whom that TIPS should be performed in the detail of all indications of TIPS in this article.**

3 References and typesetting were corrected

I hope that I have given satisfaction to all Reviewers' queries and that you will find this original work in its revised version, now valuable and interesting for the readers of the *World Journal of Gastroenterology*.

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Yours Sincerely,

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