

RESPONSE TO THE EDITOR'S AND REVIEWERS' COMMENTS

ESPS Manuscript NO:15846 entitled "Transjugular Intrahepatic Portosystemic Shunt as a Bridge to Surgery in a Patient with Refractory Gastric Antral Vascular Ectasia and Uncompensated Cirrhosis" by Becq A et al.

The authors thank the Editor and the Reviewers for their interesting comments and corrections.

REVIEWER 1 COMMENTS TO THE AUTHOR:

1. Though the ideal therapy for GAVE is unknown, portal decompression by TIPS can be useful before antrectomy to reduce the preoperative bleeding due to collaterals in cirrhotic patients with GAVE; however, the use of TIPS should be restricted to patients with compensated cirrhosis or good liver function or low risk (reference #5, Gut 1999). Therefore Becq and colleagues should present an in-depth patient profile in order to clarify whether or not the 67-year-old male patient had liver dysfunction, and therefore deeply discuss, in the context of previous medical literature, patient's findings in the affirmative or negative. Furthermore, the use of TIPS carries a significant risk of TIPS induced progressive failure (reference #5, Gut 1999). What about in the 67-year-old male patient?

We agree with the reviewer comment.

The following sentences have been added with the appropriate reference (AASLD recommendations, Hepatology 2010):

- in the case report section: " Based on the patients' MELD (Model for End-Stage Disease) score which was of 10 (normal bilirubinemia), and in accordance with the American Association for the Study of the Liver (AASLD) recommendations,⁶ a team including

hepatologists, interventional radiologists, and transplant physicians agreed on the indication of a transjugular intrahepatic portosystemic shunt (TIPS) procedure."

- *in the discussion section:* " A TIPS procedure was thus performed after all contraindications were ruled out by a multidisciplinary team, according to the AASLD recommendations."

3. Minor comments. P1, line 10: the wording "(indispensable)?" reads awkward.

The typo has been removed

4. P1, lines 13-14: I wonder whether the statement "Therefore, which treatment strategy should be considered in patients with chronic GAVE-related gastrointestinal bleeding and uncompensated cirrhosis?" fits in with the patient profile. Please clarify again the issue.

We agree with the reviewer comment. This sentence has been removed, while this discussion appears in the last section of the letter.

REVIEWER 2 COMMENTS TO THE AUTHOR:

The authors present primary experience of Transjugular Intrahepatic Portosystemic Shunt as a Bridge to Surgery in a Patient with Refractory Gastric Antral Vascular Ectasia and Uncompensated Cirrhosis, it may help to improve the safety of surgery. The paper has some reference value, although it's only a case experience.

Thank you

REVIEWER 3 COMMENTS TO THE AUTHOR:

1. page 1, second paragraph. Please indicate the levels of bilirubin.

Change made accordingly

2. Also I suggest to change the term bilirubinemia instead hyperbilirrubinemia

Change made accordingly

End of corrections

Thank you

X Dray, MD PhD