

Dear Editors,

Thank you for the constructive comments provided by the reviewers regarding the manuscript "Bacterial Infections in Cirrhosis: A Critical Review and Practical Guidance". I and my co-authors have gone over all of them carefully and have addressed them to the best of our ability and have provided a point by point response as well as a revised manuscript with changes highlighted with red color. We have modified the manuscript and references according to the journal format, and as per the editorial team's comments. The Powerpoint file of Figure 1 and 2, as well as the signed conflict of interest statement are provided

Reviewer 00068293

It is a interesting manuscript and the literature review is very well. There are some questions not explain well. 1. Is the presence of ascites related to SBP? The more ascites are, the higher pressure of abdominal cavity; then the higher possibility of SBP? 3. Is the pleural effusion related to SBP? 4. What is the role of UBiheart in this condition?

Responses:

SBP typically develops in cirrhotic patients who already have ascites. Generally, higher volume of ascites (or refractory ascites) indicates a late stage in the natural history of cirrhosis and this significantly increases the risk of developing SBP and spontaneous bacteremia.

Spontaneous bacterial empyema (spontaneous infection of hepatic hydrothorax) can sometimes occur in cirrhotic patients with or without the presence of SBP. We have briefly mentioned this condition in the Table 2. Due to space limitation, we did not describe the details of spontaneous bacterial empyema in the text.

Upon our review of literatures, we have not found a clear role of Ubidecarenone in the management of infections in cirrhosis

Reviewer 00503443

In the paper entitled: "Bacterial infections in Liver cirrhosis:", the authors (C. Bunchorntavakul et al.) assessed the frailty of liver cirrhotic patients face to the bacterial infections, due to the immunological dysfunction typical of this condition. In particular, spontaneous bacterial peritonitis is reviewed regarding its primary prevention, treatment and secondary prevention in order to reduce at minimum the consequences of this severe complication of cirrhotic patients. The work is well written and equilibrated and in my opinion is suitable for publication. However, I found that the abstract and introduction sections are very similar, so I suggest to modify the abstract section giving a more precise overview of what the article will discuss. This does not mean to spin out the

abstract section which, on the contrary, may be shorter. Two little points: Spontaneous bacterial peritonitis, Epidemiology and clinical features section: Page10, lines: 10-11 “ at the time of admission, and and/or in case of ... “and” may be deleted Proton pump inhibitors and the risk of infections in cirrhosis section: Page 19, line 10 “ .. There have been severe studies, ...” “severe” is perhaps several? Table 4, page 27 “Primary prophylaxis in pts with low ascitic fluid protein/ Recommended ... with ascetic fluid” Please change ascetic with ascetic

Responses:

Thank you very much. We have modified the abstract and corrected the typo-errors as suggested.