

Yuan Qi,
Science Editor
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Dear Editor,

Enclosed, please find the revised manuscript (file name: 22474-revised manuscript.doc) to be considered for publication in World Journal of Critical Care Medicine. We thank the reviewer for valuable comments and questions. We hope you will find the questions adequately addressed in revised manuscript. Point-by-point answers to reviewer's questions are given below.

Sincerely yours,

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Title: Mild to moderate intra-abdominal hypertension: does it matter?

Author: Liivi Maddison, Joel Starkopf, Annika Reintam Blaser

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Reply to reviewers

1. The author indicated that sublingual microcirculation could be behalf of splanchnic microcirculation (J Crit Care. 2014;29(1):183.e1-e6). The sublingual microcirculation could reflect system microcirculation generally, However, IAH may affect splanchnic microcirculation firstly, and direct splanchnic microcirculation monitoring may be more persuasive than sublingual microcirculation.

Thank you for this comment. We have expanded respective discussion in revised manuscript, also stating that:

As the splanchnic area is difficult to access in clinical setting, the monitoring of sublingual microcirculation might be considered for indirect evaluation of splanchnic microcirculation^[29], although it is not clear whether this is well applicable in case of IAH where splanchnic bed is directly affected through the extravascular pressure.

2. This review suggests microvascular blood flow is impaired at lower levels of MAP and APP, but splanchnic organ function may decrease with normal MAP, APP and cardiac output. According to recent study (Intensive Care Med Exp. 2015 Dec;3(1):46), an increase of 20 mmHg in MAP and APP induced by norepinephrine failed to improve kidney perfusion and function, but intestinal regional and microcirculatory blood flows were preserved in IAH of 20 mmHg model.

We thank the reviewer for this valuable comment. We included the reference and expanded the discussion on micro- and macrocirculation.

3. Some special patients should be discussed in this review.

① Organ dysfunction has been reported to occur at IAP as low as 10 to 15 mmHg in children (Pediatr Crit Care Med 2001; 2: 51–56).

② Pancreatitis and trauma patients should prompt closer vigilance even IAP is 10 to 15 mmHg.

We thank the reviewer for this important suggestion. We have added a new paragraph: EFFECT OF MODERATE IAH IN DIFFERENT PATIENT GROUPS to address the issue of different patient groups.

Minor Comments:

4. Some of the references are a little old, please update them.

We thank the reviewer for this comment, several references have been updated.

5. Grammar, format, references and typesetting were corrected.