

Response to Reviewer Comments
Manuscript: 25479

Reviewer: 00053417

Comments: Management of Ascites in Cirrhosis has been well documented in many papers, review articles and guidelines. In this comprehensive review article, the authors claim "As most of the management guidelines have significant limitations.... Our objective is to review the origins of our current management of refractory ascites and its limitations." Therefore, this review should focus on the current data, and point out the limitations of the guidelines, and suggest an update strategy. The other contains should be refined. There is a problem about the manuscript I received a draft manuscript with a lot of corrections on it. I am not sure whether or not it is a final version.

I appreciate the feedback and agree that this should be the focus of the body of the paper. I do believe this is exactly how the paper is structured in its current format. I start by discussing the current state of management and what studies have to done to so far, then point of the controversies and limitations of our current guidelines, followed by some novel concepts on how to address them. I am sorry you received the version with edits noted.

Reviewer: 01560862

Comments: This manuscript entitled: Management of refractory ascites in cirrhosis: are we out of date 1. Please mention about concentrated ascites reinfusion therapy (CART) for refractory ascites. 2. Refractory ascites is defined fluid overload that is unresponsive to high-dose diuretics (spironolactone, furosemide). Tolvaptan is a non-peptide orally available arginine vasopressin V2 receptor antagonist, which has been indicated for heart failure. Recently, it became available for use in hepatic edema. Please add the review of the new type diuretics (Tolvaptan) for hepatic edema.

Thank you very much for mentioning CART therapy. I feel that although there are studies on CART therapy for ascites nearly all mention of this modality is in relation to malignancies and not been ever described in a study of patients with portal hypertension secondary to cirrhosis. Hence I don't think it would be useful to the reader to mention as it really has no role in our current ascites guidelines.

Tolvaptan has been used over the recent years for management of ascites in cirrhotic patients as an adjunct to standard diuretics such as aldactone and furosemide in refractory cases. The purpose of this paper was to evaluate paracentesis and PICD and not a review of preventing its usage. When patients have refractory ascites even after V2 antagonists the next step is paracentesis and this is the purpose of this article.

Reviewer: 02861175

Comments: *Dear author: there are same correction for your manuscript - table 1 was wot be noticed in the manuscript - table 2 was be changed form potrait to landscape formatted.*

I believe it was mentioned at end of first paragraph of section "2. History.....". I will change table 2 to landscape.