

August 5, 2016



Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 27407-Revised manuscript MHE for WJH.doc).

Title: Reversibility of Minimal Hepatic Encephalopathy Following Liver Transplantation in Egyptian Cirrhotic Patients

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Name of Journal: *World Journal of Hepatology*

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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 reviewers (highlighted in yellow color inside the manuscript file).

(1) In **PATIENTS AND METHODS** section:

- We clarified that C-reactive protein (CRP) was performed to exclude patients with any infections; and post-transplant immunosuppressive drug levels were performed to exclude those with toxic levels.
- We clarified that the rule of thumb is a broadly accurate guide or principle, based on practice rather than theory.
- We omitted the correlation test from **Statistical Analysis** subsection.

(2) In **RESULTS** section:

- Statistical analysis was checked and revised and non-parametric tests were used according to reviewers' suggestions.
- We presented the results of blood urea nitrogen (BUN), creatinine, sodium, potassium, magnesium, calcium and phosphorus in **Table (1)** with comparison between data before and after liver transplantation in the patients' group.
- We added **Table (4)** for comparison between recovered and non-recovered patients regarding age, sex, pre-transplant laboratory investigations and pre-transplant Child and MELD scores.
- The statistical significance in the tables was designated as asterisks.

(3) **DISCUSSION** section was expanded to include relevant studies of the added new data.

- We clarified that these findings may change the liver transplantation priority for patients with minimal hepatic encephalopathy with a MELD score < 15 receiving priority over those with a MELD > 15.
- Regarding sample size, we mentioned in **DISCUSSION** section that: Future studies should expand and should include larger sample size in order to investigate different metabolic, neurological and physical tests that could identify the exact causes of incomplete recovery of the brain cognitive functions.

- We escaped the repeating of results in the **DISCUSSION** section.
- We added the study of Rose and Jalan (2004) in the **DISCUSSION** section which hypothesized that there may be two types of MHE: delirium-like MHE, which is reversible with liver transplantation, and dementia-like MHE, which is not reversible with liver transplantation. We discussed the results in the light of this classification, and we explained the significance of every psychometric test in the evaluation of MHE.

3 References and typesetting were corrected.

4 We made English Language Editing according to American Journal Experts (AJE) (www.aje.com).

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

Sincerely yours,



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