REVIEWER COMMENTS and AUTHOR ANSWERS

Reviewer's code: 02445558

COMMENTS TO AUTHORS

The authors report their experience with portal vein/SMV stenting in patients who had previous HPB surgical resections. The study is well written and interesting as there is very little in the medical literature on this topic.

I have few comments: 1) Of the two indications, the physical (gradient > 5 mmHg) and radiological (stenosis > 50%), did you use any of them in isolation or did you need both? The reason is that you can have a radiological stenosis without any symptoms, but a gradient across a stricture indicates an element of portal hypertension. secondly did you stent only the symptomatic patients or any patient fulfilling the above criteria?

Reply: We appreciate your positive comment. We used the indications in isolation. You can see the exact criteria for PV stenting in each patient in Table 3. The pressure gradients were routinely checked, but in some situations (eg, PV kinking and contrast stagnation with collateral vessels), they were omitted. Table 2 shows the patients' clinical manifestations. The patients typically showed minor or vague symptoms of PV stenosis. We performed stenting for patients who met the above criteria.

2) In the material and methods, can you please explain what you think was the etiological mechanism by which patient developed portal vein stenosis. For instance did you recosntruct the portal vein in some of these patients? This should be clarified in the text.

Reply: We were not aware of the exact cause of the PV stenosis but assumed that it developed postoperatively in almost all cases.

One additional patient underwent transhepatic portography without stenting. We have added the following text accordingly: "One patient was diagnosed with asymptomatic left portal vein stenosis after right hepatectomy, when the pressure gradient on transhepatic portography was 5 mmHg. She had undergone balloon angioplasty only and was excluded from this study."

3) In the study endpoints, did you not consider a resolution of the pressure gradient as an endpoint? If not why not?

Reply: The endpoint was resolution of the pressure gradients in patients with pre-procedural pressure gradients. However, in patients without pre-pressure gradients, the endpoint was resolution of the pre-procedural findings (e.g., PV kinking and contrast stagnation with collateral vessels).

4) In the results section on page 9, 5th paragraph, the first follow-up scan was performed 1-162 days after the procedure. it is somehow surprising that at least in one patient radiological follow-up was not carried out for more than 5 months. Please explain why.

Reply: Our main protocol involves postsurgical follow-ups at 1, 3, 6, and 12 months and annually thereafter. However, our typical patient was in the early postsurgical period, so depending on the patient's condition, early follow-up was scheduled because of the presence of other problems (e.g., hepatic artery stenosis, pseudoaneurysm, or postoperative fluid).

5) In the discussion, on page 10, the second paragraph is a repetition of the results and should be adjusted. finally I wish to know what was your protocol for anticoagalation if you had one.

Reply: We deleted "Patients presented with clinical manifestations of portal hypertension, such as ascites, hematochezia, melena, intestinal varices, and abnormal LFT. Their clinical manifestations were relieved after the procedure."

We did not use anticoagulants in all cases because the typical patients were in the early postsurgical period (<2 months) and we had a concern regarding bleeding.

Reviewer's code: 01560036

COMMENTS TO AUTHORS

Good and useful article. Some language editing is needed mainly points commas, empty spaces.

Reply: We appreciate your positive comment. The manuscript was subjected to additional language editing, as you recommended. Thank you very much.