

## POINT-BY-POINT ANSWER

**Name of journal:** World Journal of Clinical Cases

**Manuscript NO:** 40597

**Title:** Systemic lupus erythematosus complicated by noncirrhotic portal hypertension: A case report and review of the literature

### **Response to reviewers' comments:**

Dear Reviewers:

We wish to thank you for the time and effort you have spent reviewing our paper. We are pleased to note that you have found our research work interesting and also pointed out some problems to help us improve the quality of our work.

Motivated by your comments, we have carefully modified the manuscript of our work and tried possibly to fix all the problems you mentioned. We have made the responses through point-by-point to your comments as follows:

#### **Reviewer #1:**

**The authors have to underline that portal portal hypertension, in this case, is not secondary to a real cirrhosis by rather to a pathology of the fine portal branches or to liver parenchymatous lesions connected with the rheumatologic syndrome.**

Response: Thank you very much for your positive comments. The noncirrhotic portal hypertension (NCPH) was strongly diagnosed according to clinical features and a series of negative auxiliary investigations to rule out the possibility of real cirrhosis regardless of lack of liver biopsy due to patient's refusal, and combination of SLE itself and literature review. Of note, the diagnosis of NCPH was also supported by the patient's great response to treatment. Therefore, in this case, the NCPH diagnosed by a diagnosis of exclusion is mostly related to the SLE itself. Above mentioned discussion, it is updated in the manuscript.

#### **Reviewer #2:**

**Interesting report, which can be of interest in the every day clinical activity. The paper is well written, with an acceptable narrative review of the literature. I have few questions which should be underlined in the discussion:**

**1) The patient was treated for two years with HCQ abd TGP for 2 yeras. These drugs can induce per se liver damage when used extensively for a long term, namely in patients with genetic predisposition.**

Response: Thank you for your valuable comments. Despite drug-induced hepatic injury is one of multiple causes in patients with SLE, clinically significant hepatic dysfunction is generally unusual in SLE. In the present case, she had always normal liver enzymes after

treatment with above medicine for 2 years. Thus, the possibility of drug-induced hepatic injury could be ruled out. This part have been added into discussion.

**2) The presence of chronic portal hypertension is just an hypothesis; in absence of gastro-oesophageal varices, no haemorrhoids, to make a diagnosis of portal hypertension just on the basis of hypersplenism, 30% increased in portal vvein diameter it is just approximative.**

Response: Thanks for your valuable comments. As is known to all, the normal portal vein diameter is generally no more than 1.1 cm in spite of it may occur approximatively 30% increased in portal vein diameter. The definitely diagnosis of portal hypertension is based on repeated abdominal ultrasonography (USG) and magnetic resonance imaging (MRI) measurment (portal vein diameter from those measurement are more than 1.5 cm) in addition to splenomegaly. Althrough clinical diagnosis of NCPH belongs to a diagnosis of exclusion, the outcome of patient's great response to treatment further supports the clinical diagnosis of SLE complicated by NCPH. The valuable discussion was updated in the manuscript.

**3) The immediate response to steroids with reduced spllen dimensions and the presumed decrease in portal hypertension, siports the hypothesis that the patient could have had liver damage on the basis of a reaction to the previous therapy. Despite my questions and doubts, the paper deserves publication to open discussions and to remind how liver parenchima can be very sensitive and damage-prone in many clinical situations.**

Response: Thank you for your positive and friendly comments. Clinical medicine is not only accurate medicine but also experiential medicine. We are sure to encounter all kinds of difficult problems in the every day clinical activity. Under exceptional circumstances, it is difficult or even not to get an accurate evidence such as liver histopathology due to patient's refusal. the experiential medicine plays a critical role in treatment of some diseases with clinical diagnosis according to the clinical manifestations and useful auxiliary investigations. Effective treatment, to some extent, is also one of the basis of diagnosis.

We would be glad to respond to any further questions and comments that you may have.

Yours sincerely,

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