

Responses to reviewers questions:

Thank you for giving us this opportunity to revise our manuscript. Please find our response to the reviewer's queries.

Reviewer #1:

1. Lots of words should be greatly improved. Please see the words highlighted by yellow.

Clarification: Thank you very much for your valuable feedback. We have corrected all the grammatical and typing errors pointed out by you by highlighting in yellow.

2. The format of figures, especially figure 3, should be greatly improved.

Figure 3 format has been improved. **Please see page 49.**

3. In the part of "Management of patients with esophageal varices that have not bled", the authors should discuss the NSBBs in small varices or no varices more deeply. Please see the recent meta-analysis (PMID: 25780311).

The meta-analysis suggested by reviewer is included in the revised manuscript and we have discussed the use of non-selective betablockers in small varices and no varices deeply.

Please see page 13, paragraph 3.

4. In the part of "Management of acute esophageal variceal bleeding", the authors should discuss the "Esophageal Stent for Refractory Variceal Bleeding" more deeply. Please see the recent meta-analysis (PMID: 27517043).

In the revised manuscript, PMID: 27517043 as suggested by reviewer and another meta-analysis with 155 patients by McCarthy et al. are discussed in detail with an emphasis on esophageal stent for refractory variceal bleeding.

Please see page 18, paragraph 3.

5. In the part of "Restrictive transfusion strategy" of the paragraph "Management of acute esophageal variceal bleeding", the authors should compare the effectiveness of Restrictive vs liberal transfusion. Please see the recent meta-analysis (PMID: 24187470).

A detailed discussion comparing restrictive vs liberal transfusion is included in the revised manuscript. We have quoted PMID: 24187470 meta-analysis as suggested by reviewer.

Please see page 15, paragraph 4.

6. In the part of "Vasoactive agents" of the paragraph "Management of acute esophageal variceal bleeding", the authors should discuss the use of terlipressin

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in the management of acute variceal bleeding. Please see the recent review (PMID: 29996332).

Thank you. We have now included a discussion on use of Terlipressin in management of acute variceal bleeding. **Please see page 16, paragraph 3.**

7. In the part of "Transjugular intrahepatic portosystemic shunt (TIPS)" of the paragraph "Management of acute esophageal variceal bleeding", the authors should discuss the use of early TIPS. Please see the recent meta-analysis (PMID: 25127113). More recently, there are more high-quality studies that should be cited (PMID: 30014519).

Above mentioned articles (PMID: 30014519) and (PMID: 25127113) are utilized in discussing the use of early TIPS in the revised manuscript as suggested by reviewer.

Please see page 20, paragraph 1

Reviewer #2:

1. p2, last line, ---one third of the population is at risk of cirrhosis. This seems contradictory to 1st line of the same paragraph,---<1% has cirrhosis.

Thank you for the valuable feedback. The statement can be confusing and has therefore been removed from the manuscript. Instead, the introduction paragraph has been edited to correct the inconsistencies.

Please see page 5, paragraph 1.

2. Inconsistency. p3, regarding the prevalence of varices, Child B 70%, Child C 75%; whereas in p9; Child B 60%, child C 85%?

The sentence and their references (PMID:17185084) have been edited to reflect correct numbers as below:

P3: "Prevalence of varices increases with severity of liver disease (Child-Pugh class A 42.7%, class B 70.7% and class C 75.5%)"

Please see page 5, paragraph 2

P9: "Esophageal varices are the most common type of gastrointestinal varices, and their prevalence in Child-Pugh Class A is 42.7%, around 70.7% in class B, and 75.5% in class C".

Please see page 11, paragraph 2

3. p14;Antibiotics should be discontinued once hemostasis is achieved and vasoactive agents are terminated. Is there Ref or evidence?

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Thank you for suggesting this. The statement has been changed to reflect correct practice guidelines as per AASLD (PMID: 27786365).

A short term antibiotics for 5 days should be started in all patients with suspected or confirmed variceal bleeding to reduce bacterial infection, recurrent bleeding, and mortality and our statement has been modified.

Please see page 16, paragraph 4

4. p15; hemosystic spots are incorrect-

Please note the term hemocystic spot has been removed from the manuscript since reviewers strongly thought that it was incorrect description. This term was described in a chapter from a book "Principles of Clinical Gastroenterology".edited by Dr. Tadataka Yamada.

5. p12 Combination of nonselective beta-blockers and endoscopic variceal ligation is not recommended as primary prophylaxis due to a higher rate of side effects, It is better to cite original articles or meta-analysis.

The paragraph is edited to reflect the study findings that beta-blockers and endoscopic variceal ligation are not recommended as primary prophylaxis and citation is updated.

Please see page 14, paragraph 1

6. p19;Combination therapy with nonselective beta blockers (propranolol and nadolol) and endoscopic variceal ligation is the first line of treatment for secondary prophylaxis with a goal to eradicate varices and prevent recurrent bleeding. It is better to cite original articles or meta-analysis.

Thank you. We have cited meta-analysis (PMID: 24373180) in the revised manuscript suggesting that combination therapy with beta-blockers and variceal ligation is first line treatment for secondary prophylaxis to eradicate varices and prevent recurrent bleed. **Please see page 21, paragraph 3**

7. p24; Patients who are treated with glue injection for acute gastric variceal bleeding should be considered for secondary prophylaxis since 15% of the patients develop rebleeding. Only 15% ? Is it correct ? Is there Ref ?

The rebleeding rate can vary from 15-72%. This has been edited in the revised manuscript and we have cited the reference as suggested by reviewer. **Please see page 27, paragraph 2**