

ANSWERING REVIEWERS

Feb 08, 2014



Dear Editor,

Please find enclosed our edited manuscript in Word format (file name: 5729-review.doc).

Title: Management of thrombocytopenia due to liver cirrhosis; a review of medical, interventional, and surgical approaches

Authors: Hiromitsu Hayashi, Toru Beppu, Ken Shirabe, Yoshihiko Maehara, and Hideo Baba.

Name of Journal: World Journal of Gastroenterology

Second revision of ESPS Manuscript NO: 5729

We revised our manuscript (second revision of ESPS Manuscript NO: 5729) according to the reviewer's suggestions. We provide point-by-point responses to the SPECIFIC COMMENTS of the reviewer in this letter.

Thank you for your invitation to resubmit our manuscript. We hope that you will find it worthy of publication in the *World Journal of Gastroenterology*.

The manuscript has been improved according to the suggestions of the reviewer:

1. Format has been updated.
2. Revisions have been made according to the SPECIFIC COMMENTS of the reviewer.

SPECIFIC COMMENTS

1. As a clinical hepatologist, my perception is that decreased platelet count is often a diagnostic clue to (unsuspected) cirrhosis and to the presence of esophageal varices. The Authors should highlight this major significance of decreased platelet count by quoting all the following: Cozzolino G, Am J Gastroenterol. 1983;78:442-5; Giannini Gut 2003;52:1200-1205; Runyon, International Journal of Hepatology 2011; 1-8 Udell JA, JAMA. 2012 ;307:832-42.

Page 5, lines 15-16: In accordance with your valuable suggestions, we inserted a sentence and the references.

2. From a physiopathological perspective, decreased platelet count needs to be discussed within the setting of cirrhotic coagulopathy. Please quote the following articles: Tripodi, NEJM 2011;365:147-56 Shah NL, Ann Hepatol. 2012;11:686-90; Ferro D, Dig Liver Dis. 2012;44:275-9. Northup PG, Intern Emerg Med. 2010;5:3-6.

Page 5, line 18: We have added cirrhotic coagulopathy as a cause of a decreased platelet count and quoted above references on Page 18 line 8 according to your valuable suggestions.

3. It would be nice to have relevant data of clinical epidemiology presented here: how common is the necessity to treat decreased platelet count a) medically and b) surgically ? In particular: how often is decreased platelet count a reason for discontinuation of standard of care antiviral regimens against HCV ?

Page 7, lines 11-16: We inserted sentences about the frequency of discontinued antiviral therapy against HCV and its management by PSE or splenectomy according to your valuable suggestions.

As for the frequency of a medical (platelet transfusion) or surgical approach for thrombocytopenia in cirrhotic patients, we could not find relevant data in clinical epidemiology.

4. The same reference range of platelet count needs to be consistently used throughout the manuscript (e.g. platelets/L vs. platelets/mL).

Thank you for your kind comment.

Page 17, lines 18 and 19: The unit "platelets/mL" was corrected to "platelets/L" in the revised manuscript.

5 and 6.

5) Surgical techniques aimed at increasing platelet count are sometimes underused owing to potential interference with chances for liver transplantation. Is this concern justified ?

Could the Authors comment on this ?

6) Peripheral platelet count has been reported as a predictor in those on the liver transplant waiting list. (Bleibel W, Transpl Int. 2013;26:435-42.). Please discuss whether restored normal platelet count is expected to improve survival in such a setting.

We greatly appreciate your valuable comments. Our opinion is that restoring normal platelet counts by surgical procedures can be expected to improve survival in cirrhotic patients, including patients on a liver transplant waiting list. Indeed, experimental and clinical studies reveal that platelets play a crucial role in liver regeneration and anti-fibrotic effects.

Page 7, lines 17-24: We added sentences to our discussion according to your valuable comments.

3 References and typesetting were corrected.

We are deeply grateful for your constructive comments on our manuscript.

We hope that our responses are satisfactory, and we look forward to hearing from you again. Thank you for your attention and consideration in this regard.

Sincerely yours,

Hideo Baba

Hideo Baba, MD, PhD, FACS
Professor, Department of Gastroenterological Surgery
Graduate School of Life Sciences, Kumamoto University
1-1-1 Honjo, Kumamoto 860-8556, Japan
Tel: +81-96-373-5211, Fax: +81-96-371-4378
E-mail: hdobaba@kumamoto-u.ac.jp