

To Prof. Xiu-Xia Song  
Science Editor, Editorial Office

Dear Editor

The authors have acknowledged the reviewers suggestions and made the appropriate changes in the text, highlighted in yellow shade, as outlined below:

Reviewer 0003465 suggestions and authors responses (in bold):

Lisboa Bittencourt et al conducted a review on acute kidney injury (AKI) in cirrhosis. This is a pertinent, updated and well-structured review on the current knowledge and consensus on diagnosis, prognosis scoring and management of AKI-associated cirrhosis.

I suggest the following modifications of the manuscript:

1. In order to facilitate reading, the old and new ICA criteria on HRS should be placed in one table (Please, unify tables 1 and 2).

**# 1: The tables 1 and 2 were unified as suggested. The other tables were renumbered.**

2. On page 4, 1st line of the 4th paragraph: "...3 stages of AKIN are shown in Table-2". Table 5 should replace Table 2.

**# 2. Corrections were made in the text and tables as suggested**

3. In table-6: ICA-AKI criteria, a column on the right hand side, containing the in-hospital and 90-days mortality rate for each stage should be added.

**# 3. This is not yet possible, since there is no publication assessing mortality according to ICA-AKI criteria, which were published earlier this year. Data concerning 90-days mortality were reported only up to now with AKIN and RIFLE criteria.**

4. More data on efficacy/ effectiveness of midodrine plus octreotide or albumin in HRS-1 treatment would be wellcome.

**#4. Data concerning the efficacy/effectiveness of midodrine plus albumin and octreotide was included in the management of AKI section of the review as suggested.**

Reviewer 03366770 suggestions and authors responses (in bold):

This is a review article where emerging concepts of renal failure in cirrhosis are outlined. Overall this is a well-written paper.

Please revise the paper for grammatical as well as errors with spaces between words. Please see attached word document for suggested changes.

**#The authors would like to thank the reviewer for the suggestions and corrections made in the attached document. All were accepted in the final version of the paper.**

Other issues 1: The last line of introduction should be a summary of what you are trying to convey in the paper. For eg, in this article we outline and evaluate the definitions for kidney injury in patients with cirrhosis, particularly the emerging ICA-AKI criteria and the advances in the management of renal failure.

**#1: The summary was included in the final paragraph of the introduction section**

Please quote the source from which the tables have been borrowed in full: For example: adapted from: Bellomo et al, Crit Care 2004; 8: R204-R212 There is no need to write pubmed ID in the references.

**#2: The references and sources were modified according to the guidelines of World Journal of Gastroenterology for minireviews**

Reviewer 00068215 suggestions and authors responses (in bold):

The paper of Bittencourt et al highlights the current literature about the concept of acute kidney injury and its application in cirrhosis. The authors also differentiated between the various causes of AKI especially of Hepatorenal syndrome, a special form of pre-renal azotemia that accounts for 25% of pre-renal AKY in cirrhosis. This paper is well organized and written and of interest to WJG readers. The topic itself is interesting as well as for gastroenterologists and nephrologists.

I recommend to use only the revised diagnosis of HRS according to the International Ascites Club (Table 2) and to add studies with Midodrine and Octreotide as alternative of Terlipressine for Type 1 HRS

**# As suggested by reviewer 0003465 tables 1 and 2 were unified in one table (renumbered as table 1). Studies with midodrine and octreotide as alternative of terlipressin were discussed in the management of AKI section.**

Reviewer 02861000 suggestions and authors responses (in bold):

The manuscript "Renal Failure in Cirrhosis: Emerging Concepts" aims to review the history of acute kidney injury in cirrhosis (AKI) by evaluating the different classifications and also, specifically addresses the management of Hepatorenal Syndrome. The manuscript is very complete and well written.

Only a few suggestions to improve its content and utility for the readers of WJG.

- Too many classification tables are displayed. I suggest that only the latest criteria from the International Ascites Club Criteria should be specified.

**# Two tables were suppressed. Tables 1 and 2 were unified in one table (renumbered as table 1). As the ICA-AKI criteria evolved from RIFLE and AKIN criteria, both were kept as tables 2 and 3.**

- When the authors refer to Table 3 in the text, they only mention that diagnosed HRS was lower than expected in patients with AKI and cirrhosis. If this is the only message from the comparison of the studies, I believe the table could be deleted and summarized in the text (page 3)

**# The suggestion was accepted and the table was also suppressed.**

- In page 4 it is stated " The 3 stages of AKIN are shown in Table 2". It should say Table 5, please correct.

**# The correction was made and the tables were renumbered.**

- In page 8 please review the cited references 52-56 as some of them are incorrectly placed.

**# The correction was made and the references were renumbered. Changes were made to include references concerning midodrine plus octreotide treatment for type 1 HRS.**

- More information regarding HRS management and octreotide and midodrine treatment is required. - In the conclusions, a paragraph regarding optimal management of HRS would be useful.

**# Changes were made to include studies concerning midodrine plus octreotide treatment for type 1 HRS. A paragraph regarding optimal management of HRS was added.**