

ANSWERING REVIEWERS

Dear Editor,

Please find enclosed the edited manuscript in word format (file name: 21019-Review.doc).



Title: Hepatic manifestations of non-steroidal inflammatory bowel disease therapy

Author: Robert Hirten, Keith Sultan, Ashby Thomas, David Bernstein

Name of Journal: *World Journal of Hepatology*

ESPS Manuscript NO: 21019

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

1 Format has been updated.

2 Revision has been made according to the suggestions of the reviewer:

We have incorporated the reviewer's suggestions into our article. Below please find a point by point address of each suggestion:

(1) A table is advised to summarize the major clinical and pathological features of hepatic injury.

A: A table has been added to the manuscript summarizing the prevalence of liver test abnormalities, the hepatobiliary manifestations of each medication, and a general management strategy for the medications used to treat IBD. It is labeled Table 2.

(2) Suggest to change the title, because this manuscript only discussed non-steroid medication induced hepatic injury.

A: The title has been changed with the words "Non-Steroidal" added. The title is now "The Hepatic Manifestations of Non-Steroidal Inflammatory Bowel Disease Therapy".

(3) Authors should provide a scientific (or empirical) reason the patients should be checked for liver function as suggested when receiving AZA and 6-MP.

A: While no guidelines exist regarding monitoring liver tests in patients receiving AZA and 6-MP we have acknowledged this fact and added that protocols outlined by the US Food and Drug Administration should be followed with regards to checking liver tests weekly for the first month. Following this we recommend checking liver tests monthly for the next 3 months, then every 3 months thereafter following along with recommendations for monitoring the patient's white blood cell count. As most liver test elevations occur within the first few months this would allow for early detection and management of such elevations.

(4) Antitubercular agents are hepatotoxic and should be included in the review.

A: A detailed discussion of INH and its hepatic side effects has been added to the review in the section titled "Antibiotics".

(5) It would be useful for the readers to know the hepatobiliary complications of the two most commonly used antibiotics in the treatment of IBD, namely metronidazole (and ornidazole) and ciprofloxacin.

A: A section on antibiotics has been added to the manuscript to discuss the hepatobiliary complications of metronidazole, ornidazole and ciprofloxacin.

(6) Typographical and grammatical errors are present.

A: Typographical and grammatical errors have been corrected.

3 References and typesetting were corrected.

Thank you again for publishing our manuscript in the *World Journal of Hepatology*.

Sincerely,
Robert Hirten