

Answering reviewers

Name of Journal: *World Journal of Radiology*

ESPS Manuscript NO: 22412

Manuscript Type: Review

Title: Imaging and radiological interventions in extra-hepatic portal vein obstruction

Authors: Sudheer S Pargewar, Saloni N Desai, S Rajesh, Vaibhav P Singh, Ankur Arora, Amar Mukund

We would like to thank the esteemed reviewers for critically analyzing the manuscript. The suggested corrections have definitely improved the review. We have tried to incorporate the suggestions to the best of our ability.

Reviewer 1 (Reviewer No. 00053950)	
Comments	Response
It is widely accepted that ERCP should not be done as a diagnostic tool in benign diseases as the authors state. In portal biliopathy ERC may be even misleading if the bile ducts are vigorously filled with contrast medium compressing varicous vessels and giving a "normal" appearance of the biliary tree. Thus, the endoscopists should know this entity and biliary stenting may still be needed. The authors seem to be rather reluctant to proceed to endoscopic stenting though it is often safe and the most simple way to resolve biliary obstruction.	We have mentioned in the submitted manuscript that "ERC is now indicated in EHPVO only for therapeutic intent in case of bile duct stones or strictures" as the reviewer has suggested.
Embolization of splenic aneurysm.	Addressed

<p>This procedure is hardly relevant as far as the EHPVO is concerned. The chapter could be omitted.</p> <p>Percutaneous trans-hepatic hepaticogastrostomy as above.</p>	
<p>HVPG and liver biopsy are also beyond the scope of this paper. -</p>	<p>These chapters have been deleted</p>
<p>The balloon occlusion and revisions of TIPS could be only mentioned in the chapter dealing with TIPS.</p>	<p>Addressed</p>
<p>The most striking sign of portal biliopathy may be enhancing of the wall of the gallbladder. This might be worth mentioning.</p>	<p>Added</p>
<p>The abstract and conclusion are too much the same.</p>	<p>Addressed</p>
<p>There are numerous old references, which may not be relevant any more.</p>	<p>References have been reduced.</p>
<p>I would suggest reducing the ref list.</p>	
<p>The list of abbreviations is too massive.</p>	<p>Abbreviations have been reduced.</p>
<p>There are all too many figures in the paper. The following figures could be omitted: Figure 4, Figure 10, Figure 11E-H, Figure 13, Figure 14. Figure 6 and 8 could be put together.</p>	<p>Addressed</p>
<p>Table 1 is rather massive.</p>	<p>Addressed</p>
<p>Reviewer 2 (Reviewer No. 00053724)</p>	
<p>Comments</p>	<p>Response</p>
<p>In the chapter "etiopathogenesis" myeloproliferative disease, which is a very common cause of EHPVO in</p>	<p>Addressed</p>

patients older than 50 years, as well as paroxysmal nocturnal hemoglobinuria should be mentioned.	
---	--