

Point-by-point replies

Dear Academic Editor,

I greatly appreciate your suggestions to my manuscript titled "**TIPS combined with esophago-gastric variceal embolization in the treatment of a huge gastroduodenal shunt**" (ID: 260022). I have carefully revised the manuscript based on the comments and suggestions. A native English speaker carefully reviewed and extensively edited our manuscript in this version. I hope the revised version has been much improved to publishable level.

Our point-to-point responses to the reviewers' comments are shown below. I have highlighted the changes to our revised manuscript in red.

Reviewer #1: The study is devoted to an actual problem. Indeed, gastric variceal bleeds are rare, but tend to be severe when they occur and are thus associated with high mortality. The best treatment strategy has not yet been determined. The current guidelines for treating bleeding gastric fundal varices recommend to use endoscopic variceal obturation with tissue adhesives, such as cyanoacrylate, as first line and consider TIPS if cyanoacrylate is unavailable or if the bleeding cannot be controlled or recurs despite combined pharmacological and endoscopic therapy. TIPS may be insufficiently effective in cirrhotic patients with gastric variceal bleeding associated with a gastroduodenal vessel shunt. The authors have provided a well-designed study that showed satisfactory efficacy and safety of the combination TIPS + stomach and esophageal variceal embolization in cirrhotic patients with gastric variceal bleeding associated with a gastroduodenal vessel shunt. I think that the article can be accepted for publication, but its title should be changed.

Responses : Thank you for your advice. As you suggested, I have revised the title as "TIPS combined with esophago-gastric variceal embolization in the treatment of a

huge gastroduodenal shunt”.

Reviewer #2: Comments on the article This article described therapeutic results of huge gastroduodenal shunt with esophago-gastric varices by transjugular intrahepatic portosystemic shunt (TIPS) combined with catheter embolization. Interventional radiological techniques (IVR) , such as percutaneous transhepatic obliteration (PTO) or balloon occluded retrograde transvenous obliteration (B-RTO) used for the embolization of huge gastroduodenal shunt with gastro-esophageal varices. Elevation of portal pressure often encountered after these obliteration. TIPS placement enabled to stabilize portal pressure (prevent elevation of portal pressure). Author's technique may be a theoretical therapy. This article has been well written and the revisions made the paper more suitable form. However, a minor concern arose as mentioned below.

Point 1: Author should describe the endoscopic findings/grade of esophago-gastric varices before TIPS+SEVE on Table 1.

Responses to point 1: I have added this information on Table 1.

Point 2 : How about the esophago-gastric varices and gastroduodenal shunt, disappeared or remained? CTA performed repeatedly, so clinical evaluation of esophago-gastric varices and gastroduodenal shunt demonstrated by CTA should be added.

Responses to point 2: Thank you for your advice. In the TIPS procedure, embolization of the collateral vessels resulted in the disappearance of esophago-gastric varices and gastroduodenal shunt at postembolization angiography. CTA was only used to define the GRS.

Point 3: If possible, several clinical data, such as Cr, ammonia, platelet, should be added. Furthermore, as Table 2 or additional Figure, liver function data should be described at 1, 3, 6, 12 and 18 months after TIPS placement.

Responses to point 3: Thank you for your advice. As you suggested, I have added the Cr on Table 2. However, Liver functions were assessed at 1 week before and 1 month after TIPS in the design. In the future, I will add the detail information as you advise.

Point 4: The unit of laboratory data should be described in international standard: Alb;mg/dL, Bil;mg/dl, etc. PT should be expressed to PT%.

Responses to point 4: Thank you very much for correcting for faults. I will correct the mistake carefully and seriously.

I hope that these changes lead to the acceptance of the manuscript, and look forward to hearing from you.

Sincerely yours,

De-Run Kong