

COMMENTS TO AUTHORS

1. There is a lot of repetition on cholangiographic findings (in various sections MRCP/ERCP/historical information taking up too much space. The management section can be expanded. Some discussion on reported outcomes and long-term follow up data or lack of it would also help make the paper better.

Ans: Repetition has been addressed and removed. Kindly refer to under titles Definition, Historical background, pathogenesis and ERCP. The repetition of cholangiographic findings has been detailed out under ERCP alone. In other the statement has been removed or grossly truncated if necessary.

2. Core tip: Now, portal biliopathy is an important clinical entity faced by hepatologists in India. May be reframed so as to say it is being increasingly encountered. Is this section supposed to be the summary of the review. If not a brief summary would also help.

Ans: Statement has been added to core tip. See core tip title.

3. Definition: Portal cavernoma causes these biliary abnormalities through several pathogenic mechanisms. The pathogenesis is discussed later in detail and looks repetitive.

Ans: Sorted out. Pathogenesis has only been mentioned under the relevant title. It has been removed in other sections.

4. Biliary anatomy describes a lot of liver anatomy especially the intrahepatic biliary tree which is not very relevant to the subject being discussed.

Ans: Anatomy description has been shortened. See biliary anatomy section.

5. Diagnosis: considering invasive nature of ERCP, it should be mentioned later in the evaluation (atleast after usg and MRCP) to put things into perspective maybe even after EUS. Also there is a lot of repetition with quite a lot of these being mentioned in the historical section as well as in the MRCP section.

Ans: ERCP put behind MRCP and statement included. See under diagnosis title for details.

6. Management a. This section should be expanded b. It may be made into small subsections with subheads being endotherapy, surgery etc. c. Biliary surgery namely surgical removal of CBD calculi o bilio-enteric anastomosis without prior portal decompression carries high mortality and hence is contraindicated. Statement is controversial. Better reframed as should be avoided. This statement should also come after the entire section on endotherapy d. The fact that cholecystectomy (and may be even laparoscopic as recently reported by John S et al) can be safely done even in patients with pericholecystic collaterals must be mentioned considering the authors have cited their initial bad experience with this procedure in historical perspectives. **Ans: All addressed. See under diagnosis. Statement on surgery changed as per reviewers comments. Reference of John added.**

7. Algorithm: It will be good to add a box saying that about feasibility of shunt/tips: yes-shunt/tips, no-metal stenting.

Ans: done.



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