

Dear Dr. Jin-Lei Wang,

I have revised some sections.

### **Reviewer #1**

1. I added the following sentences in the Materials and Methods.

Between March 1998 and December 2008, BRTO was performed for gastric varices with gastroduodenal or gastroduodenal shunts in 79 patients. Of these patients, emergency BRTO was performed for ruptured gastric varices within 24 hours of hematemesis and/or tarry stool in 17 patients.

2. I added endoscopic findings of the gastric varices according to Sarin classification in the Materials and Methods.

According to Sarin classification, isolated varices in the fundus of the stomach were found in 13 of 17 patients, and gastroesophageal varices in the remaining 4 patients. Also, white plugs which indicated bleeding sites were found in 7 patients, and oozing in 3 patients.

3. I added two references to the Discussion.

Although Baveno Consensus suggests endoscopic cyanoacrylate injection for bleeding from isolated gastric varices, it is also difficult to apply endoscopic methods to ruptured gastric varices because of their extensive blood supply.

In such situations, transportal or transesophageal sclerotherapy with cyanoacrylate and coils may be necessary. The coils serve as a scaffold to trap the cyanoacrylate preventing pulmonary embolism.

### **Reviewer #2**

1. I added the following sentences to the Materials and Methods.

Between March 1998 and December 2008, BRTO was performed for gastric varices with gastrogenal or gastrocaval shunts in 79 patients. Of these patients, emergency BRTO was performed for ruptured gastric varices within 24 hours of hematemesis and/or tarry stool in 17 patients.

2. In our hospital, all gastric fundal varices with gastrogenal and/or gastrocaval shunts are treated by BRTO. So, it is difficult to make a control group with another treatment option.

3. In our study, temporary hemostasis had been achieved during the BRTO procedure in all of the patients. If the gastric varices continue to spurt blood, balloon compression is required before performing BRTO, otherwise the sclerosant will leak into the gastric lumen.

4. According to the revision policies, AIM in the Abstract can not be more than 20 words, so it is difficult to include background in the AIM. I have described background in the Introduction.

### **Reviewer #3**

Thank you for your comments in regard to my manuscript.

### **Reviewer #4**

1. According to the revision policies, the title must be less than 12 words, so modification of the title is difficult. Therefore, I added the following sentence to Materials and Methods to highlight the paper's retrospective nature.

The effectiveness and safety of emergency BRTO for ruptured gastric varices were evaluated retrospectively.

2. I introduced Tab.1 and Fig. 1&2 in the Results.

3. In our study, temporary hemostasis had been achieved in all of the patients. So, we

performed emergency BRTO with a high success rate and a low recurrence rate. This made endoscopy unnecessary because of the great results from BRTO.

4. I added the following sentences to the Discussion.

If temporary hemostasis by balloon compression is achieved, we perform BRTO. On the other hand, if temporary hemostasis by balloon compression is not achieved and the gastric varices continue to spurt blood, we perform transportal or transesophageal sclerotherapy with cyanoacrylate and coils.

5. I had no patients with renal failure.

6. I added the following sentences to the Materials and Methods.

Mean creatinine value before BRTO was 0.82 mg/dL (normal range : 0.64-1.11mg/dL), and we had no patients with renal dysfunction. Also, no renal failure occurred after the procedure.

7. I added the following sentence to the Discussion.

Although TIPS is a treatment for portal hypertension to decrease the portal pressure,

Sincerely yours,

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