

Editor
World J Hepatology

Re: Manuscript NO: 47079

Title: Successful treatment of noncirrhotic portal hypertension with eculizumab in paroxysmal nocturnal hemoglobinuria: A case report and review of the literature

Dear Sir,

We would like to thank you and all of the reviewers for thorough reading and comments on this case report. Every suggestion is constructive and helps to improve our paper. Please find a revised version of the above manuscript taking into account the comments of the Editor and the reviewers. We provide below a point-by-point response. In the revised version we used yellow color to highlight the changes.

Editor

Q2 Please provided language certificate by professional English language certificate...etc

AUTHORS: Dr Dina Tiniakos is a Native English speaker, President of the European Society of Pathology (ESP) and Professor of Pathology in Newcastle University, UK, as it is reported in the affiliations of the authors. She has corrected the manuscript accordingly.

AU: The title of the article was modified.

AU: The legend of Figure 1 was corrected and the figures were moved at the end of the manuscript.

Modify the duplicate according to the check report

AU: All the duplicate were modified by the authors.

The core tip and audio files were already submitted.

Reviewer ID: 02445854

Conclusion: Accept (High priority) **Scientific Quality:** Grade A (Excellent)

Language Quality: Grade A (Priority publishing) This is an interesting. There are some typing mistakes.

AU: Many thanks to the reviewer for the encouraging comments. All typing mistakes were corrected.

Reviewer ID: 00646357

Conclusion: Minor revision **Scientific Quality:** Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Add more on the basic of this disease in the introduction -Discuss role of imaging using these ref Razek AA, Abdalla A, Omran E, Fathy A, Zalata K. Diagnosis and quantification of hepatic fibrosis in children with diffusion weighted MR imaging. Eur J Radiol 2011;78:129-34. Besheer T, Arafa M, El-Maksoud MA, et al. Diagnosis of cirrhosis in patients with chronic hepatitis C genotype 4: Role of ABCB11 genotype polymorphism and plasma bile acid levels. Turk J Gastroenterol 2018;29:299-307. -Update of references as most of references are old

AU: We appreciate the comments of the reviewer regarding our manuscript. The basic of this disease were added in the introduction section (Page 5.) The disease is usually misdiagnosed as cirrhosis so liver histology is necessary. Two recent references of 2019 and 2016 were added (Numbers 6 and 7). The two references asked by the reviewer are not relevant and were not added. Dr Dina Tiniakos is a Native English speaker and Professor of Pathology in Newcastle University, UK, as it is reported in the affiliations of the authors. She has corrected the manuscript accordingly.

Reviewer ID: 00071178

Conclusion: Minor revision **Scientific Quality:** Grade C (Good) **Language**

Quality: Grade C (A great deal of language polishing)

Dear Authors Thank you for good presentation 1-Some grammatical changes should be made in the English language of this case report. 2-The number of references is too much for a case presentation. The number of references should be reduced 3-Please check the last two paragraphs of the discussion again. You used a paragraph that started with " In conclusion ". Then you used a new sub-title "CONCLUSION". You should be correct this mistake.

AU: We appreciate your comments regarding our manuscript. Here you can find a point by point response. 1-Dr Dina Tiniakos is a native English speaker and Professor of Pathology in Newcastle University, UK as it is reported in the affiliations of the authors. She has corrected the manuscript accordingly. 2-Two references were deleted but two new references were added according to **00646357** Reviewer suggestion. 3-the "in conclusion" was deleted and the mistake was corrected accordingly.

Reviewer ID: 03024263

Conclusion: Major revision **Scientific Quality:** Grade C (Good) **Language Quality:** Grade B (Minor language polishing)

With its extreme rarity, paroxysmal nocturnal hemoglobinuria (PNH) can be risk factor for development of the extrahepatic portal venous thrombosis (PVT) in adults. In the available literature, I have not seen cases of idiopathic noncirrhotic portal hypertension (INCPH) (probably correctly - NCPF/IPH) caused by this disease. If so, the case described by the authors is unique. In this regard, strong evidence is needed that this is true. 1. Provide a description of small and medium branches of the portal vein for liver histology. 2. Most cases of NCPF/IPH present with enlarged spleen and gastrointestinal bleeding. What were the sizes of a spleen in the presented case. How can the absence of esophageal and gastric varices be explained? 3. Ascites is not rare in patients with IPH, but it occurs in association with PVT. However, ascites are rare in patients with NCPF and it is transient after a bleed. How can you explain its presence? 4. Has the hepatic venous pressure gradient been studied and what are the parameters of portal hemodynamics for the patient described in the presented case?

AU: We would like to thank the reviewer for thorough reading and comments on this case report. Every suggestion is constructive and helps to improve our paper. 1. The description of small and medium branches of the portal vein is now provided by our pathology in Page 6. 2. The comments about the size of the spleen and the absence of esophageal and gastric varices are in the beginning of Pages 6, the “Further work-up” section, and Page 9 in Discussion section. The presence of large abdominal portosystemic collaterals as an early stage of portal hypertension is mentioned in the same section. The presence of ascites is explained by the kidney failure and the details about this manifestation were added in Pages 6 “Laboratory workup” and and Page 9 in Discussion section. 4. The hepatic venous pressure gradient was not studied.

Yours sincerely

Alexandra Alexopoulou

Associate Professor of Medicine