

ANSWERING REVIEWERS

May 09, 2019

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 48373-review.doc).



Title: Current Approaches to the Management of Patients with Cirrhotic Ascites

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Name of Journal: *World Journal of Gastroenterology*

Manuscript NO.: 48373

1. Explanations in response to the comments of the reviewer (ID number 02520900):
Indeed, portal hypertension is the main reason for hemorrhagic complications in liver cirrhosis, and coagulopathy is less important. The use of fresh frozen plasma in this situation may worsen the hyperdynamic circulatory state. Therefore, we indicated that fresh frozen plasma may be recommended only in certain clinical cases and not as standard therapy. We also completely agree that risk assessment for bleeding should only be done by using viscoelastic tests, such as TEG or ROTEM, and we mentioned this in the text.
 2. Revision has been made according to the suggestions of the reviewer (ID number 02943023):
 - (1) We changed Figure 2.
 - (2) We added comments on the use of clonidine and midodrine.
 - (3) We added a paragraph about prescribing non-selective beta-blockers to the patients with decompensated cirrhosis and ascites.
 3. The authors would like to thank the reviewer (ID number 03656580) for a positive conclusion regarding this manuscript.
 4. Explanations in response to the comments of the reviewer (ID number 02904354):
 - (1) At present, there is still a discussion in the literature about the impact of somatostatin or octreotide on renal function, which is not the aim of this review.
 - (2) There is a brief reference in the text about the use of terlipressin in HRS, but a discussion of this problem is not the purpose of this review.
 5. The authors would like to thank the reviewer (ID number 02822816) for a positive conclusion regarding this manuscript.
- Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.
Sincerely yours,

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