

Dear Editor,

We thank you for your decision letter for our manuscript entitled “Pathological abnormalities in splenic vasculature in Non-cirrhotic portal hypertension: its relevance in management of portal hypertension”. We have taken into account reviewers’ comments and provide below a point-by-point answer to each of them. Changes in the revised version of the manuscript are highlighted. We are grateful to the reviewers for their comments which have helped us to significantly improve the manuscript. We hope that you will find this revised version suitable for publication in your esteemed journal.

With kind regards,

Authors

Response to Reviewers' comments:

Reviewer 1.

It is a valuable research of a performing surgical team, performed on an extensive database. However, there are too many imperfections in the article writing, please see the attached form of your article with markings and comments.

We regret the imperfections in the manuscript. All the suggested changes have been incorporated and highlighted.

The control group data should be presented together with the study group, not at the end of ”Results” chapter.

The control group data has been included with the study group (paragraph 4 of Results section) and has been highlighted.

Please check the median duration of the illness.

The median duration is 108 months. Duration of 8 months was a typographical error (changes made in paragraph 1 of Results section have been highlighted).

The title is given in two forms ”Pathological changes...” versus ”Pathological abnormalities”.

The title has been uniformly changed as Pathological abnormalities in the revised manuscript

After correcting your article, I think it would be a significant contribution to the understanding of the non-cirrhotic pathology of the portal vein.

We thank the reviewer for the encouraging comment.

Reviewer 2. Well written manuscript. I have few suggestions.

1- What is the statistical method?

Reply:

1. The study group was divided into delayed and early presentation based on the median duration of symptoms (i.e. 108 months). Nonparametric variables were expressed as median (range). Frequency of occurrence were expressed as proportions. Statistical analysis was performed using statistical program GraphPad INSTAT version 3 (GraphPad Software, Inc., La Jolla, CA, USA). Proportions were compared using Fischer's exact test. Proportion of patients with pathological abnormalities in splenic vein were significantly more in delayed presentation group compared to early presentation group (Table 2). While the incidence of thrombosis at anastomotic end was more in the delayed presentation group the difference was not statistically significant. The updated analysis included in the results section.(Para 3 of Results; highlighted)

2- Portal hypertension can be mortal (<https://doi.org/10.31832/smj.376327>) and

(<https://doi.org/10.1111/tbj.13174>) I suggest both of these uptodate studies for the references. Article search for the <https://doi.org/10.1111/tbj.13174> yielded *Atipik Prezente Kist Hidatik: Pankreas Başında Kitle* which is an article published on hydatid cyst in Turkish journal. And article search for <https://doi.org/10.1111/tbj.13174> yielded *Spontaneous milk fistula from an axillary accessory breast*. As these two articles were not related to portal hypertension they could not be included in the revised manuscript. Probably there is an error in the provided DOI.

Reviewer 3. This is a prospective observational study on a adequate number of patients. There is no data statistical evaluation: it is not possible because there is no a control group. The results are interesting and the hypothesis that an early surgical treatment could avoid (or slow) venous structural alterations. Unfortunately this hypothesis should be confirmed comparing patients who received an early or late

surgical treatment after diagnosis of HPNC. I wonder if this evaluation could be made with the available data.

As per the reviewer's suggestion the study group was divided into delayed and early presentation based on the median duration of symptoms (i.e. 108 months). Statistical analysis was performed using statistical program GraphPad INSTAT version 3 (GraphPad Software, Inc., La Jolla, CA, USA). Proportions were compared using Fischer's exact test. Proportion of patients with pathological abnormalities in splenic vein were significantly more in delayed presentation group compared to early presentation group (Table 2). While the effects of early surgery on the extent of pathological changes in splenic vein could not be ascertained from our data the fact that pathological abnormalities were more in the delayed presentation group indicates that early surgery could avoid (slow) structural alterations.(Para 3 of Results; highlighted)

I do not understand why on page 20 and 22 there are images of the first page of a publication.

The images of first pages of two of the references have been provided as per journal requirement since these two papers do not have PMID.