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Na Ma, MSc  
Company Editor-in-Chief  
World Journal of Hepatology

Dear Editor-in Chief:

RE: manuscript # 58527

We appreciate the constructive review, we believe these comments have strengthened our manuscript, and we are pleased to submit this revised manuscript. Here is our point by point response.

Response to reviewer #1:

1. Since only 50% of the patients had overt bleeding, one could speculate that pre-OLT anemia could be totally or partially due to hypersplenism. Was this evaluated? In addition, anemia improvement after OLT was also influenced by the correction of portal hypertension and hypersplenism? These aspects should be evaluated and discussed.

We thank the reviewer for bringing this important point up. We agree that portal hypertension and hypersplenism could not be ruled out as a potential culprit of anemia in these patients. 5 out of 8 patients with no overt GI bleed before transplant had iron-deficiency anemia, which favors chronic blood loss, likely from GAVE. It would be difficult to definitely assess if anemia is from hypersplenism or IDA/covert bleed or both. Furthermore, DuBois et al<sup>1</sup> reported improvement in white cell count and platelet count but not hemoglobin in patients with portal hypertension who underwent partial splenic embolization, and in another study by Zhu et al<sup>2</sup> there was no significant change in red cell counts in patients who underwent splenectomy, partial splenic embolization, or high-intensity focused ultrasound.

We added this point to the discussion.

#### References:

1. DuBois B, Mobley D, Chick JFB, Srinivasa RN, Wilcox C, Weintraub J. Efficacy and safety of partial splenic embolization for hypersplenism in pre- and post-liver transplant patients: A 16-year comparative analysis. *Clin Imaging*. 2019 Mar-Apr;54:71-77. doi: 10.1016/j.clinimag.2018.11.012. Epub 2018 Nov 27. PMID: 30553121.
2. Zhu J, Chen X, Hu X, Zhu H, He C. A Comparative Study of Surgical Splenectomy, Partial Splenic Embolization, and High-Intensity Focused Ultrasound for Hypersplenism. *J Ultrasound Med*. 2016 Mar;35(3):467-74. doi: 10.7863/ultra.15.03050. Epub 2016 Feb 2. PMID: 26839374.

2. What is the number of OLT performed during the period of the study (from September 2012 to September 2019). It is important to have an idea of the incidence of GAVE.

Two hundred ninety-six patients underwent liver transplant during the study period; 16 out of them had GAVE (5.4%).

3. What was the indication for transfusion in 2 patients after three months from the transplant. Was it related to the GAVE or some other complications of the OLT?

One patient had recurrent cirrhosis and received blood transfusion three years after transplant. She did not have evidence of bleeding but a drop in Hgb.

The other patient had blood transfusion five months after liver transplant when he was hospitalized for hernia repair; he did not have any active bleeding and didn't require any intervention.

4. Although the authors mentioned in the discussion that "The exact pathophysiological mechanism that leads to GAVE remains unclear", they also stated that it is quite clear that portal hypertension has no significant role in the development of GAVE. We suggest to change the expression "quite clear" to "possible".

Thank you for suggesting this point; we have changed it as you suggested.

Response to reviewer 2:

It is a well written article. Similar data has been mentioned; this too needs to be referenced Eric M Ward et al Prevalence and natural history of gastric antral vascular ectasia in patients undergoing orthotopic liver transplantation. J Clin Gastroenterol. Nov-Dec 2004;38(10):898-900. doi: 10.1097/00004836-200411000-00013.

We thank the reviewer for suggesting this reference. We cited this reference in both the introduction and discussion.

We again thank you for the time and the valuable comments.

Authors.