

Dear Reviewers,  
Dear Editors,

Thank you for providing such an in-depth analysis of our work. Despite the typical angst involved in receiving a comprehensive critical review, we sincerely appreciated your input, as it offered a well-needed external opinion. Our team strongly believes that a peer-review process is a valuable tool to engage in a meaningful scientific discussion with the ultimate goal of promoting clear and robust facts. We tried to provide a point-by-point reply to your comments in the following paragraphs.

Reviewer #1: Generally speaking, this review has clearly described several main aspects of three overlooked pulmonary complications of portal hypertension, including the definition, diagnostic criteria, history and the challenges in measurement and treatment. Which mentioned in this review can help clinicians more clearly recognized these complications which associated with a worse outcome and taken earlier treatments to improve the prognosis if possible, especially in non-LT centers. I think this review is well-written and can help us in the clinical practice and potential researches. Certainly, I think it has met the criteria for publication. Other issues: 1. Dose the abbreviation ACLF means “Acute-on-chronic liver failure”? please make it clear. 2. Please note the references when citing specific data, such as in the “The (non)diagnostic challenge” part, paragraph 2.

1. Indeed, we have failed to introduce the abbreviation adequately. We have addressed the issue in the revised version of the manuscript.
2. We have addressed the issue, and all specific data now have the corresponding citation. Indeed, the second paragraph was a relatively in-depth discussion of a single published paper, which was quoted at the end of the section, hence a potential source of confusion.

Reviewer #2: This minireview discussed three main pulmonary complications related to liver cirrhosis such as hepato-pulmonary syndrome, porto-pulmonary hypertension, and hepatic hydrothorax in a structured manner, which is valuable for clinical practice. However, there are some comments as follows: 1. In the minireview, the description structure of the three complications was different. As for Hepatopulmonary Syndrome, the author did not provide the treatment strategies, while for Hepatic Hydrothorax, Context and a brief history is not included. In Porto-pulmonary hypertension section, some treatments were discussed in Context and a brief history. 2. In the section of The un/mistreated complication, the authors introduce some studies on the treatment of portal pulmonary hypertension. I wonder why the title of this section is The un/mistreated complication.

1. We have made the suggested revision. Consequently, the adapted structure is now concordant, as each of the three complications now has a similar format. We have added a brief paragraph on the treatment of hepato-pulmonary syndrome and context and brief history for hepatic hydrothorax. Furthermore, we acknowledge that discussing the data from the large pulmonary arterial hypertension registries in the “Context and brief history” subheading might have been confusing; therefore we have moved the discussion to a new subheading entitled “Therapeutic options – the role of PAH-specific treatment.”
2. Following the reorganization of the subheadings in the chapter dedicated to PoPH, we included all the discussion on data from the PAH registries and clinical studies in PoPH in the “Therapeutic options – the role of PAH-specific treatment,” thus leaving in “The un/mistreated complication” a single paragraph. Herein, we plead that PoPH typically has a suboptimal treatment compared to other PAH etiologies, is more frequently left untreated or not treated to target (mistreated), even though patients with PoPH are typically in a worse functional class and have a higher symptom burden, which might be partially explained by the hepatologists’ lack of awareness and familiarity with PAH-specific therapy. We hope that the current format better highlights our concerns.

Furthermore, the manuscript underwent additional language polishing. We hope that we managed to address most of your remarks or provide an adequate explanatory note whenever issues were prone to misunderstandings.

Once again, thank you for your in-depth review,  
The Authors

