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Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 7712-edited.doc).

Title: The Utility of Endoscopic Ultrasound in Patients with Portal Hypertension

Author: Ghassan M. Hammoud, Jamal A. Ibdah

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 7712

The manuscript has been improved according to the suggestions of reviewers:

1. Format has been updated

2. Revision has been made according to the suggestions of the reviewers:

Reviewer 1 (00013649):
The review is a discussion about the studies published until now on the use of endoscopic ultrasound examination (EUex)in portal hypertension. The reading is very fair,. But some observations, following detailed, do not allow me to give the review a high score. MAJOR POINTS: 1- In my opinion the level of evidence achieved about the real impact of such a sensitive methodology in clinical practice is low also by considering that the studies designed to test early prevention of variceal bleeding have demonstrated very little positive results (e.g. Groszmann R, NEJM 2005). In summary, the studies published until now have only demonstrated a higher sensitivity of EUex than conventional endoscopy (CE) but the cost-efficacy of such a sensitive methodology could be questioned. 2- Authors state that EUex aids "in the early detection of varices and may potentially reduce the need for liver biopsy". The presence of collaterlas means portal hypertension, not necessary due to liver cirrhosis. This aspect should be outlined. 3-HVPG is not exactely the indirect measurement of "portal pressure", but it is an indirect measurement of the "portal pressure gradient" (the difference between portal pressure and inferior cava vein pressure), the wedged hepatic vein pressure has a perfect agreement with portal pressure in intrasinusoidal portal hypertension (e.g. HCV and/or HBV). 4-GAVE is not specific of portal

hypertension (Ripoll C, Dig Liver Dis 2011). Indeed TIPS collocation, that dramatically reduces portal pressure, does not resolve the problem of bleeding by GAVE. MINOR POINTS: 1-It would be better reducing the word count of the paragraphs dedicated to the anatomical descriptions. 2-Some claims are quite questionable and the relative reference should be quoted: "EUS has revolutionized the complex vascular changes associated with portal hypertension"; "EUS-guided portal vein catheterization is a novel approach for portal angiography and portal vein pressure measurement".

Authors' response:

(1) We outlined that the presence of collaterals, specifically gastroesophageal varices, means portal hypertension secondary to cirrhosis. We also corrected the definition of HVPG.

(2) We addressed that GAVE can be seen with and without patients with liver disease. We did not state it is specific to cirrhosis or portal hypertension.

(3) We reduced the word count as suggested.

(4) We added supported references for the novel approach for portal angiography and corrected the wording that EUS has revolutionized the complex vascular structure.

Reviewer 2 (00002243):
The authors have covered most aspects of the role of EUS in patients with portal hypertension. The potential areas for future review is the role of rectal EUS in such patients.

Authors' response: We than the reviewer for the supporting comments.

3. References and typesetting were corrected.

Thank you again for considering our manuscript for publication in the *World Journal of Gastroenterology*.

Sincerely yours,

Jamal A. Ibdah, MD, PhD