First reviewer's comments and replay

1	History of present illness needs to be rewritten	Agreed and done.
2	The patient had colon surgery, but for physical examination, the authors did not report surgical scarring.	Physical examination is corrected
3	The accurate values of AFP, CEA and CA-199 etc, should be given even if they are within the normal range.	accurate values of AFP, CEA and CA-199 are added.
4	Diabetes mellitus (staging) should be added to the secondary diagnosis in the final diagnosis, and management strategies for diabetes mellitus should be described.	Agreed and done
5	The present discussion is simply an anatomical review. Therefore, the hazards, prevention, risk events management of the intrahepatic portosystemic venous shunts	Agreed and done

Second reviewer's comments and replay

1	Mention few details and intent of your procedure.	Done. The intent of procedure is to enhance the future liver remnant (left liver lobe) volume
2	Initial portogram was done; why it was not able to identify the communication ?	I was able to see it at early phase portogram and I interpret it as an apparent portal vein variant segmental branch. I was unable to recognize the communication with IVC in late phase portogram due to multiple portal branches.
3	What were the volumes of glue/lipoidol emulasion.	9 ml (8 ml lipiodol and 1 ml glue)
4	Discussion- It needs to be further enriched.	Done
5	What was the author's communication type out of four mentioned ?	Type 1 which is the commonest. I also add it in the discussion
6	What is the treatment if non target embolization happens ?	Conservative as patient was asymptomatic.
7	Is the treatment conservative or interventional; is it dose dependent ?	Conservative management. The non-target embolization was not dose dependent due to the rare fistula. The conservative management decision was due to small amount and asymptomatic.
8	Portosystemic venous fistula- What changes it induces in organs connecting, what clues can suggest it	Small fistula may usually no change. Large fistula may divert portal flow lead to liver part atrophy, underdevelopment, or pulmonary hypertension.
9	The conclusion may add the clues on imaging for such fistula.	Small fistula in adult patient usually has no other associated features or clue
10	The arrows marks are clear; put better ones.	Agreed and Done