

To,  
The Editor,  
World Journal of Gastroenterology

Re: Abdominal Compartment Syndrome: Often Overlooked Conditions in Medical Intensive Care Units!

Attached, please find the revised manuscript and the questions answered. We like to thank the editorial staff for their time and patience.

Please let us know with any questions.

Regards

Salim Surani, MD

**Answering Reviewers:**

We are thankful for the reviewer's valuable comments. The manuscript has been edited in response to the reviewer's comments.

**Reviewer # 1 ID 03555433:**

*\*Figure 1 should be referred to within the body of manuscript. \*"Because of the paucity of data on fluid removal, the focus should be more on avoiding excessive fluid administration rather than active fluid removal with diuresis in critically ill patients." I suggest that authors may consider to revise it as follows. "Because of the paucity of data on fluid removal, the focus should be more on excessive fluid administration during resuscitation and optimization phases."*

**Author:** The figure 1 has been included in the body of the manuscript. The sentence on fluid management has been revised to focus on avoiding excessive fluid administration.

**Reviewer # 2 ID 03196544**

*The purpose of this review was to describe IAH and ACS in the medical ICU. This paper discusses the understanding, epidemiology, definition, etiology, pathophysiology, measurement and treatment of medical staff. Advantages: 1. The language of the article is clear, the structure is organized and the logical sequence is appropriate. 2. The English expression is accurate. 3. The author has fully mastered the knowledge of IAH and ACS and well master it. Disadvantages: This paper only discussed the contents of medical IAH in epidemiology, pancreatitis and fluid resuscitation, but did not highlight the difference between medical and surgical IAH and ACS, so it was more general. Advice: In this paper, the characteristics of medical IAH and the differences with surgery should be discussed from the perspectives of medical staff cognition, risk factors, treatment plan, timing of abdominal cavity opening, etc.*

**Author:** We agree with the reviewer's comments. We added a separate subheading discussing the differences in management of IAH/ ACS between medical and surgical specialists.

**Reviewer #3 ID: 02650654**

*You state that an abdominal hypertension can hinder the flow in the aorta: this is absolutely difficult, except in severe conditions of shock, considering the systolic pressure inside this artery. Equally for the left ventricular function. Besides, it has to be considered the impact of an abdominal hypertension on the lymph circulation inside the peritoneal vessels and in the retroperitoneum. Moreover, the kidney function can be impaired also by compression on the distal part of the ureters, as observed in case of hypertension mainly involved the pelvic space, observed after pelvic injuries, but also possible in cases of pelvic masses[1].*

*[1]. Manenti A, Giuliani E. The pelvic compartment syndrome. J Am Coll Surg. 2013;217(2):374. doi:10.1016/j.jamcollsurg.2013.06.011*

**Author:** 1-We mentioned abdominal hypertension compresses the aorta and not about the flow. We agree that it's extremely difficult to reduce the flow in aorta.

- 2-We included the effect of IAH on lymph circulation under the pathophysiology section.
- 3- We added the concept of pelvic compartment syndrome and added the citation.

**Reviewer #4 ID 03349749**

*well summarized review for abdominal compartment syndrome*

**Author:** Thank you

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**12/16/19 Special comments from the editor:**

1. A detailed point by point response letter to reviewers' comments is missing.  
Author: Mentioned above.
2. Update formats: please refer to tracked comments in your paper-Word file named 52923-Manuscript-File-revision  
Author: Edited in track comments format
3. Correct all abbreviation issues.  
Author: Corrected
4. Create 3 three-lined Table 1 and 2.  
Author: Corrected
5. Confirm that all international units are per journal standard.  
Author: I am confirming that all the international units used are per journal standard.

Additional edit:

Attaching the image in power point format with arrows edited.

Thank you,  
Salim Surani

**Special comments from the editor:**

1. *The following file/information are missing. Please provide.*  
*Copyright-License-Agreement, please provide all pages, not just the signature page.*  
**Response:** Thanks for pointing out. Revised Copyright agreement is attached.

2. *Upload an editable Figure 1. For example in the Powerpoint file format.*

**Response:** Editable powerpoint format has been attached.

3. *Proof of permission has been obtained for reuse-Table 1, Figure(s) 2-4 e.g. copyright letter, email communications.*

**Response:** The permissions have been attached.

4. *Update references, superscript should follow immediately authors name not at the end of the sentence. e.g. page 5 Kimball. Please update all in your paper.*

**Response:** The references have been modified as suggested.

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