

To:
Editorial Office of World Journal of Clinical Cases

Dear Editor-in-Chief,

Thanks for the review of our manuscript entitled: “Portal hypertension exacerbates intrahepatic portosystemic venous shunt and further induces refractory hepatic encephalopathy: a case report”, which we submitted to World Journal of Clinical Cases (manuscript No. 59717). It is a great pleasure to have the opportunity to revise the manuscript and improve it. We have re-evaluated the manuscript and revised it carefully based on the valuable comments from the reviewer and editor. Our responses to the suggestions and comments are provided in this letter. We hope that these revisions have made our manuscript acceptable for publication in World Journal of Clinical Cases.

Sincerely,

Shanhong Tang

Reviewer #1:

Specific Comments to Authors: This is a case of a patient with basal cirrhosis due to HBV, where the authors did not describe the Child-Pugh, the MELD, the MELDNa, all of these must be calculated in order to assess adequately this case in compensated or decompensated cirrhosis. EH is one of the most important clinical manifestations of decompensation of chronic liver disease and can be present in a high proportion of patients particularly in those assessed as Child B and even most frequent in those Child C. Please specify more clearly previous history about cirrhosis in this case.

Reply: Thanks for your suggestions. We have described the Child pugh, the MELD and the MELDNa score of our patient before entecavir treatment and diagnosis of IPSVS. Then we have specified the previous history in the first paragraph of case report section. He was admitted to our hospital for the first time with melena and diagnosed as chronic hepatitis B, decompensation liver cirrhosis and esophageal varices one year ago. Our patient was assessed as Child-pugh C (10 points), 7.87 of MELD score, 12.37 of the MELDNa score before esophageal varices ligation and entecavir therapy. After one-year entecavir therapy, the Child-pugh of our patient changed from C (10 points) to B (7 points), while the MELD score decreased from 7.87 to 7.85 and the MELDNa score decreased from 12.37 to 9.64.

The formulae of the Child-Pugh, MELD and the MELDNa score are presented as follow:

1. Child-pugh:

Scoring points	1	2	3
Bilirubin (mg/dL)	< 1.0	1.0–3.0	> 3.0
PT (%)	> 70	40–70	< 40
Albumin (g/dL)	> 3.5	3.0–3.5	< 3.0
Ascites	none	medically controlled	controlled poorly
Encephalopathy	none	1–2	3–4

Child A 5–6 points

Child B 7–9 points

Child C >10 points

2. MELD = $3.78 \times \ln(\text{bilirubin mg/dl}) + 11.20 \times \ln(\text{INR}) + 9.57 \times \ln(\text{creatinine mg/dl}) + 6.4 \times (\text{cause of cirrhosis: } 0 \text{ for alcohol related and cholestatic liver disease; } 1 \text{ for viral hepatitis and other liver disease});$

3. MELDNa = MELD - Na⁺ mmol/L - $[0.025 \times \text{MELD} \times (140 - \text{Na}^+ \text{ mmol/L})] + 140;$

Editor's issues raised: (1) The authors did not provide the approved grant application form(s). Please upload the approved grant application form(s) or funding agency copy of any approval document(s); (2) The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor; (3) PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout.

Reply to editor's issues: Thanks for your suggestions. We have provided the approval documents of funding agency in the file of recommendation. Then we have uploaded the original figure documents and figures in powerpoint file. At last, we have added PMID, DOI numbers and all authors to the reference list in manuscript.