

Corresponding responses to the comments

Thank you for the reviewers' comments concerning our manuscript entitled "Behcet's disease causes bleeding from oesophageal varices : a case report " (ID:60970). These comments are all valuable and very helpful for revising and improving our paper. We have studied these comments carefully and have made corrections that we hope will be met with approval. The main corrections in the paper and the responses to the reviewer's comments are as follows: Responses to the reviewer's comments:

1. Response to comment: The case presentation should be shorten and focus on the specific clinical search. There are too many clinical details which are not relevants. ECG and Doppler ultrasound : only abnormal results should be given. Figures: Maybe all figures are not essential to the case report and authors could select 3 out of 7.

Response: thank you very much for the reviewer for this helpful suggestion. We have shortened the case introduction appropriately and deleted some unimportant content. Only the abnormal results of ECG and Doppler ultrasound are given. We finally chose and left 3 pictures based on your suggestion.

2. Response to comment: Some informations are missing: did the patient have a gastric endoscopy one year before the diagnosis? What about virus and auto immune hepatic liver disease? How is the liver on the CT scan? Did you search for Budd Chiari disease? Nodular regenerative hyperplasia is a cause of portal hypertension. Did you look for this diagnosis? Why did the patient have no liver biopsy? Multidisciplinary expert consultation should be summarize in a short paragraph. In the discussion section, description of Behcet's disease with nervous system involvement should be shorten and focus on the case report. Portal hypertension causes like cancer is out of case. The discussion seems too long.

Response: We thank the reviewer for pointing out this issue. We asked the medical history again. The patient underwent gastroesophageal examination a year ago, and the virus and antinuclear antibody spectrum were normal. Abdominal CT showed obvious abnormalities in liver size, shape and density. Since there were no inferior vena cava obstruction-related lesions and no hyperplastic nodules in the liver on abdominal CT, we excluded Budd Chiari disease and Nodular regenerative hyperplasia. Because the patient was in critical condition, no liver biopsy was performed. We have summarized the multidisciplinary discussion. The paragraph about Behcet's disease involving the nervous system and Portal hypertension causes like cancer have been deleted, and the discussion part has been shortened appropriately.

3. Response to comment: The authors mentioned that " Behcet's disease causes rupture of oesophageal varices, and haemorrhage has not been reported at home or

abroad" several times. But actually Hamid Tavakkoli et al. had reported "Therapeutic approach to "downhill" esophageal varices bleeding due to superior vena cava syndrome in Behcet's disease: a case report" back in 2006's BMC Gastroenterology.

And the cause of this type of EV is called "Downhill esophageal varices" (PMID: 17192182). I recommend authors to correct it and mentioned it shortly in the text and reference it.

Response: We thank the reviewer for pointing out this issue. We have corrected and cited this document in the manuscript.

4. Response to comment: I don't think a duplicate case summary is needed in the abstract. Please shorten the abstract into a synopsis especially for the case summary. It is a little redundant.

Response: We thank the reviewer for pointing out this issue. We have modified the case summary.

5. Response to comment: In the "laboratory examinations" section, The platelets, 57×10^9 g/L should be " 57×10^9 g/L". I suggest to replace "gastroscopy" with "Esophagogastroduodenoscopy" in the text since authors had also examined the esophagus and ligated the varices. EGD is more appropriate than gastroscopy.

Response: We thank the reviewer for pointing out this issue. We have revised the content you mentioned.

6. Response to comment: There are no arrows seen in Figure 1 as author mentioned in the caption. There is no legend for Figure 6D. Please also add it. 6. In the "outcome and follow-up" section, the author mentioned "The mean echo was filled, the umbilical vein was open...". What does these two lines mean clinically? 7. In the discussion section, author started to use BD as an abbreviation for Behcet's disease. I recommend author to use "Behcet's disease (BD)" when its first appearance in the beginning of the text.

Response: We thank the reviewer for pointing out this issue. We added the arrow mentioned in Figure 1 and the legend for Figure 6D. I have used "Behcet's disease (BD)" when its first appearance in the beginning of the text. In the "outcome and

follow-up" section, I mentioned "The mean echo was filled, the umbilical vein was open...", This indicates the formation of collateral circulation under pressure in the portal vein.