

Reviewer #1: Authors used HFIUS to detect varices and identify the predictability for rebleeding after EVL. This is an interesting topic. However, I want to point out two questions here to author.

(1) Firstly, HFIUS is a EUS without color doppler, which may be difficult to distinguish small cyst in fundus from varices sometimes.

→ Thank you for your comments. The EUS finding of small varices is very similar to the EUS finding of small cyst in the fundus. Therefore, it is challenging to discern small varices from small cyst only with EUS, and it is possible to differentiate small varices from cyst through the doppler examination. Thus, just as the reviewer 1's comment shows, we could not completely distinguish small varices from small cyst, since we did not perform the doppler examination in our study. However, the patients in this study have experienced active bleeding from gastric varices before the enrollment, and the bleeding from small cyst in the fundus is extremely rare. As it follows, we have ruled out the possibility of finding small cyst in the fundus even without performing the doppler examination. Nonetheless, the doppler examination could more accurately differentiate gastric varices from gastric cyst in fundus, so we added your comment at the limitation on the Discussion section. The revised sentences are as follows:

There are some limitations to the present study. First, The EUS finding of small varices is very similar to the EUS finding of small cyst in the fundus, yet the doppler examination is able to differentiate small varices from small cyst. But we did not perform the doppler examination in our study, so we are unable to completely distinguish small varices from small cyst. Nonetheless, the patients in this study have experienced active bleeding from gastric varices before the enrollment, and the bleeding from small cyst in the fundus is extremely rare. As it follows, we have ruled out the possibility of finding small cyst in the fundus even without performing the doppler examination. Second, as the sample size of this study is relatively small, the present results need to be validated in future studies.

(2) Secondly, the authors need to present the sessions of EVL, and whether variceal obliteration was obtained before 1 year follow-up. One session of EVL is difficult to result in variceal obliteration.

→ Thank you for your comments. We mentioned it in the revised manuscript on the Method and the Results section.

Editor:

1. Scientific quality:

The manuscript describes an observational study of the predictability of type 1 gastric variceal rebleeding after endoscopic variceal ligation. The topic is within the scope of the WJCC.

(1) Classification: Grade B;

(2) Summary of the Peer-Review Report: Authors used HFIUS to detect varices and identify the predictability for rebleeding after EVL. This is an interesting topic. The questions raised by the reviewers should be answered;

(3) Format: There are 3 tables and 4 figures;

(4) References: A total of 29 references are cited, including no references published in the last 3 years;

(5) Self-cited references: There is no self-cited reference; and

(6) References recommendations: The authors have the right to refuse to cite improper references recommended by the peer reviewer(s), especially references published by the peer reviewer(s) him/herself (themselves). If the authors find the peer reviewer(s) request for the authors to cite improper references published by him/herself (themselves), please send the peer reviewer's ID number to editorialoffice@wjgnet.com. The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately.

→ Thank you for your comment. We revised the references as editor's recommendation.

2 Language evaluation: Classification: Grade B. A language editing certificate issued by AJE was provided.

3 Academic norms and rules: The authors provided the Biostatistics Review Certificate,

the Institutional Review Board Approval Form. Written informed consent was waived. No academic misconduct was found in the Bing search.

4 Supplementary comments: This is an unsolicited manuscript. No financial support was obtained for the study. The topic has not previously been published in the WJCC.

5 Issues raised:

(1) The “Author Contributions” section is missing. Please provide the author contributions;

→ Thank you for your comment. We mentioned the "Author Contributions" in the revised manuscript.

(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.

→ We add the PMID and DOI numbers on the Reference section in the revised manuscript.

(4) The “Article Highlights” section is missing. Please add the “Article Highlights” section at the end of the main text
6 Recommendation: Conditional acceptance.

→ We add the Article Highlight section in the revised manuscript.