

Dear Editor,

First, thank you very much for your considerate and prudential editing and correction.

We submit a revised manuscript entitled “Predicting gastroesophageal varices through spleen MR elastography in pediatric liver fibrosis” (manuscript number 43436) which has the opportunity for publication in *World Journal of Gastroenterology* after satisfactory revision.

We reviewed the suggestions of the reviewers and tried to do our best for the revision to make better manuscript under those comments.

Editors' and Reviewers' comments

Reviewer #1

This paper aimed to predict gastroesophageal varices through spleen MR elastography in pediatric liver fibrosis. It got the result that spleen MRE values predicted gastroesophageal varices as well as the APRI and spleen size ratio in biliary atresia patients after the Kasai operation. However, liver MRE values were not useful for this purpose. It could bring some new information for this region.

- ➔ Thank you for your comment. We hope that our study could suggest a possible noninvasive new modality in monitoring portal hypertension in biliary atresia patients after Kasai operation.

Reviewer #2:

This study was performed at a single center with small number of patients. The authors should discuss about the limitation of the study including the above problems.

- ➔ Thank you for your comment. We added the above comment in our discussion and also try to emphasize the need for verification of our results by large sample study including multiple institutions in “Research perspectives” at “Article highlights” session.

Furthermore, there should be a more thorough discussion about the other parameters that evaluate liver and spleen fibrosis using ultrasound, and the author should evaluate the

predominance of their parameter.

➔ Thank you for your comment. We added a paragraph in our discussion about several quantitative elastography technologies using ultrasound and mentioned their pitfalls. Ultrasound elastography may have advantages. However, short liver MRI including MR elastography can perform anatomical imaging and elastography for both liver and spleen at the same time. MR elastography can be a new candidate for noninvasive monitoring modality for biliary atresia patients after Kasai operation in monitoring portal hypertension.

Again, we assure that this article has not been published elsewhere and is not being processed elsewhere.

Thank you for your consideration of our manuscript again.

Best regards,

Mi-Jung Lee