Addressing Specific Comments to Authors

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02529007.
Thank you for the comments. They were very helpful. We appreciate your input and have addressed them as written below:

- Please provide proper citations (references) for the information presented in the introduction section
  -This has been addressed and the citations 1, 2, 4, 6, and 10 are included on the references page #12
- Please provide further explanation as figure legends for figures 1 and 2 (figures legends should provide all the required explanations in brief to make the figures self-explanatory)
  -This has been addressed under the figures on page #15 and16
- Please also indicate in the figure titles that they are venograms of…
  -This has been changed under the figures on page #15 and 16
- Please consider some new references for addressing the IVC and related topics in your manuscript. In the following are two examples that might be relevant:
  -Both of these references were considered to be added to this case report and "Hepatic vena cava syndrome: New concept of pathogenesis. Shrestha SM, Kage M, Lee BB. Hepatol Res. 2017 Jun;47(7):603-615. doi: 10.1111/hepr.12869. Epub 2017 May 9." was referenced on page #6 under the introduction section.
  -The other article was also referenced on page #6 under the introduction section when describing Budd-Chiari syndrome. Redefining Budd-Chiari syndrome: A systematic review. Shin N, Kim YH, Xu H, Shi HB, Zhang QQ, Colon Pons JP, Kim D, Xu Y, Wu FY, Han S, Lee BB, Li LS. World J Hepatol. 2016 Jun 8;8(16):691-702. doi: 10.4254/wjh.v8.i16.691.
- Addressing the following relatively old case report to compare with the case reported in the present manuscript might be interesting. Stenosis of the inferior vena cava caused by a traumatic diaphragmatic hernia: case report. Lee HK, Kim IO, Kim WS, Chung JW, Yeon KM. Pediatr Radiol. 1995 Nov;25 Suppl 1:S175-7
  -Thank you for this suggestion. This article was analyzed, but did not seem relevant as the patient's primary symptom in the article from 1995 was hematuria and not abdominal pain.

03647931.
Thank you for the comments. They were very insightful. We appreciate your input and have addressed them as written below:

-In the second paragraph of the discussion section on page #8, starting with: chronic IVC obstruction may be silent in presentation or manifest late with acute symptoms of abdominal pain, hepatomegaly, renal dysfunction, or even unilateral limb symptoms, The authors should explain how IVC obstruction can lead to unilateral limb symptoms.

-This was addressed on page #9 “Chronic IVC obstruction may be silent in presentation or manifest late with acute symptoms of abdominal pain, hepatomegaly, renal dysfunction, or even unilateral limb symptoms such as leg heaviness, pain, swelling or even cramping. These unusual features may be anatomically related to the extensive network of collateralization of the natural and tributary vessels near the IVC.”

-Some important data are missing in the case description such as ALT, AST, CBC, Bil, albumin etc, before and after surgical intervention. The authors should add one table showing those laboratory findings before and after surgical intervention.

-This was addressed and a new table was added on page #14. Post-lysis labs analyzing the patient’s LFT’s were unable to be obtained due to loss of insurance.

03253490.

Thank you for the positive comments. They were very insightful. We appreciate your input and have addressed them as written below:

-No comments or changes needed to be addressed.

03476715.

Thank you for the suggested comments. They were very insightful. We appreciate your input and have addressed them as written below:

- A minor question is that, enlarged spleen is frequently seen in hypersplenism due to portal hypertension, however, this patient had thrombocytopenia but no splenomegaly. Is there any other explanation?

-This comment was addressed on page #7 under the case report section, in the 3rd paragraph. The patient’s thrombocytopenia was most likely secondary to her alcohol use and early onset of cirrhosis. “Due to concern for early cirrhosis in the setting of thrombocytopenia and an elevated transient elastography score, the patient was advised to pursue a healthy lifestyle and abstain from alcohol.”

01438560.

Thank you for the comments. They were very insightful. We appreciate your input and have addressed them as written below:

-However, laboratory, liver size, and CVP pressure results were not reported after the operation. No similar cases from the literature was mentioned.

-This was addressed and a new table was added to the paper on page #13. Unfortunately, the patient was unable to obtain follow up labs or imaging due to loss of insurance.

-In regards to other similar cases, only one case has been published that is somewhat similar. In that case report, the authors reported how a patient with pectus excavatum experienced IVC compression by the diaphragm and thus developed pulsus paradoxus associated with pectus excavatum. It is addressed

on page #6 in the introduction section and on page #11 under the ARTICLE HIGHLIGHTS under the RELATED REPORTS SECTION.

- Other minor comments: 1) In the introduction, I suggest changing the expression “external compression” for “extrinsic compression”

-Thank you for this suggestion, and this change was made under the introduction section under the introduction on page #6.

-It is important to specify the meaning of several abbreviations, such as AMA, ANA, HJR.

-Thank you for this comment, and these abbreviations were explained in the third paragraph of the case report section on page #7.

Thank you for all the comments and suggestions. Your feedback is much appreciated. Hopefully, we have addressed all your concerns. Please let us know if you would like us to alter/edit anything else.