

Dear BPG Editors:

We appreciate your comments and review, as these greatly enhance our paper.

**Reviewer 05231417**

*Dear Authors Very brave effort to report a data with unacceptably high mortality statistic of 60% and above where most recent evidence is mortality rates of below 10-15% even in patients with gas forming PLA. Multimodal management care bundles and antibiotic stewardship along with availability and accessibility of CT scan for early diagnosis and interventional radiology for early drainage needs to be considered locally. I have made efforts to enhance your grammar part as well as given suggestions to enhance discussion by considering adding some citations - giant PLA, protocol of drain, criteria for non operative management, volume of sphere concept, comparative E coli and Klebsiella, concept of culture negative, concept of gas forming PLA etc. Authors need to enhance discussion and submit for further reviews.*

**Answer:**

We agree that the mortality reported in our study is very high and that the necessary measures must be followed to reduce this alarming number, we included it in the discussion.

We follow their recommendations in relation to add the different concepts and mention of relevant articles for our study to improve the discussion. On the other hand, language grammar errors were extensively revised.

**Reviewer 02936110**

*This manuscript presents the current clinical, demographic, and microbiologic characteristics of the pyogenic liver abscess (PLA) in Mexico. However, there are several points to discuss and clarify in this article. I don't think it is suitable for publication in the current form. Major comments: 1. It was reported in this manuscript that inpatient mortality rate attributed to the abscess or its complications was as high as 63%. The mortality rate is shocking. Although the various related factors resulting in it had been provided in the Discussion section. However, the lessons we should learn from this study and what possible countermeasures should be taken in the future to reduce the mortality rate are more important. Unfortunately, these were not mentioned in the article. 2. In the Materials and Methods section, the criteria for inclusion and exclusion of patients are too simple. What's more, the patient's treatment and follow-up process should be described in more detail. Finally, the defined significance level should be also given in advance. 3. In the Materials and Methods section, although the authors mentioned that "for the statistical analysis, data are presented as the mean  $\pm$  standard deviation or frequencies and percentages, according to their distribution. Numeric and categorical variables were compared with Student's t-test / Mann-*

*Whitney test, and chi squared test, respectively". However, it seemed that no Student's t-test / Mann-Whitney test had been used in the manuscript. 4. Some other very important data, such as the size of the lesion, body mass index (BMI), and so on should also be provided in Table 1. What's more, the authors should consider more factors such as age, BMI, cardiopulmonary diseases, etc. when performing univariate and multivariable analysis. Minor comments: 1. The unit of laboratory test results should be given. E.g., In the Results section, line 17, "the liver biochemistry alterations a mean total bilirubin of 2.24 and a mean alkaline phosphatase of 256.37". The same problem in the table 1. 2. The application of abbreviations should be unified. For example, the "pyogenic liver abscess (PLA)" should be used as "PLA" all through the manuscript after the abbreviation full name is applied for the first time. 3. Punctuation marks should also be unified. When the value is not an integer, commas were used in some places and dots were used in some other places. For example, in Results section, line 43, the phrase was "50,72% (n=175) of the studied population had an"; however, in Results section, line 7, the phrase was "We included 345 patients: 233 (67.5%) had confirmed PLA". 4. In Table 3, the P value should be provided. 5. Although the author claims to have proof of English language polish, the article still needs further polish.*

#### **Answers**

1. We included in the discussion the measures to be taken in relation to reducing the alarming mortality reported in our study.
2. The inclusion and exclusion criteria were improved, in addition to the treatment and follow-up of the patients. The treatment protocol for patients with liver abscess was defined.
3. We apologize, only chi-square test was actually used.
4. Variables of BMI, age and size of the lesion were added in Table 1. In the univariate and multivariate analysis, only Type 2 Diabetes Mellitus was included as cardiovascular disease due to its high frequency. Finally, the variables of age and BMI were included in univariate and multivariate analysis,
5. Laboratory units test results, abbreviations, and punctuation marks were corrected.
6. The P value was added in Table 3.
7. The language was revised again by an expert and the manuscript was sent to a website for the professional English language editing company that is recommended in author's guidelines. An edition certificate is also attached.

We again appreciate your comments and the opportunity to be considered for publication of our study in the World Journal of Hepatology.

Regards,

Aldo Torre MD