

## Format for ANSWERING REVIEWERS

Febrero 19, 2015

Dear Editor,



Please find enclosed the edited manuscript in Word format (file name:16378-review.doc).

**Title: Mean platelet volume as a novel predictor of systematic inflammatory response in cirrhotic patients with culture-negative neutrocytic ascites.**

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**Name of Journal:** *World Journal of Hepatology*

**ESPS Manuscript NO:** 16378

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated.

According to the published review, the following changes were made:

- The postal code in each one of the authors who participated in the study was added.
- The information with respect to Institutional review board statement, Informed consent statement, biostatistics, conflict of interest statement and data sharing statement was reviewed and completed.
- The following corrections were made in the bibliography: The number 6 and 23 were repeated, so the number 23 was eliminated and the following numbering were readjusted.
- An error in bibliography numbering was detected as the number 20 was duplicated, appropriate adjustment was made.
- We reviewed each of the bibliographies comply with the format requested by the editor.

2. Revision has been made according to the suggestions of the reviewer.

### **REVISOR 1**

1)Abstract: In your aim you wrote: "Determine if there is a difference between mean platelet volume (MPV) value in cirrhotic patients without infection and cirrhotic patients with culture negative neutrocytic ascites (CNNA)." But in the results section, you mentioned that 48 of your 51 patients with ascitic fluid infection were CNNA. I suggest you make the statistical comparison be-

tween the 50 patients without infection and the 48 patients with CNNA (not the 51 patients. This should be done if you are going to stick to the aim you wrote). OR YOU CHANGE THE AIM and write that you are comparing between cirrhotic without clinically diagnosed ascitic infection and those with clinically diagnosed ascitic fluid infection.

- According to the suggestions of the first reviewer, a readjustment of our objective was performed using the term "infection of ascites fluid" for cirrhotic patients infected with either culture-negative neutrocytic ascites, bacterial ascites and bacterian spontaneous peritonitis. (Page 4)

2) Please change the word "media" to "median".

- The word "media" is correct since our variable has a normal distribution and what we wanted was the average estimated and the corresponding standard deviation (Page 8).

3) In the results section, you wrote :Eighty-eight were women (58.3%). Please revise this. It is not correct.

- The correct percentage of women participating in the study was 87.1% The percentage was corrected. (Page 8)

4) In the figure, the line colour of MPV is not clear. Please change it. Thank you

The graph is edited to highlight the color corresponding to VPM, so it was changed from gray to black (Figure 1. Page 20)

## - **REVISOR 2**

*Diagnosis of culture negative neutrocytic ascites (CNNA): It needs to give a detailed criterion of CNNA diagnosis used in this study. In discussion "gold standard" for diagnostic is based on the determination of PMN cells count equal or greater than 250 cells/mm<sup>3</sup> de ascites with or without a positive culture, but in study design the diagnosis of CNNA according to the American Association for the study of Liver Disease AASLD. Which one was used in this study?*

- According to the suggestions of the second reviewer about introducing the missing concepts, we decided to define culture-negative neutrocytic ascites (CNNA) taking in the concepts bacterial ascites and spontaneous bacterial peritonitis. (Page 6)

- The diagnosis of spontaneous bacterial peritonitis (SBP), culture-negative neutrocytic ascites (CNNA) and bacterial ascites (BA) were according to the latest guidelines of the American Association for the Study of Liver Disease (AASLD). We use the term "infection of ascites fluid" to refer to SBP, CNNA and BA.

*It needs to explain the reason why only MPV was recommended for CNNA prediction from so many good predictive variables ( leucocytes, PMN count cardiac frequency?)*

- In our study, leucocytes, PMN count, MPV and cardiac frequency resulted to be good or very good predictive variables of presence of AFI in cirrhotic patients (AUROC > 0.80). However, Leucocytes, PMN count and cardiac frequency are already well known predictors of systemic inflammatory response. The novelty of our study is that the VPM resulted an additional variable of great utility to predict systemic inflammatory response. (Page 10)

3 References and typesetting were corrected.

- Some errors in the bibliography were detected and corrected.

Thank you again for publishing our manuscript in the *World Journal of Hepatology*.

Sincerely yours,



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