

Reviewer: 02992784

BCS is defined as hepatic venous outflow tract obstruction, independent of the level or mechanism of obstruction. I think the article will raise discussions and perhaps a better classification and management.

Response to Reviewer:

Thank you for the insightful comment.

Reviewer: 02444888

The fact that BCS has different etiologies between the East and the West is known. However, the core issue of BCS pathophysiology is that chronic hepatic congestion leads to sinusoidal thrombosis and strain, which promote hepatic fibrosis, whatever is the etiology (Simonetto et al, Hepatology 2015). This is the leading reason suggesting an update of both clinical classification and timing of treatment, as recently reported. Overall, a new classification between IVC obstruction and hepatic vein thrombosis would not seem to be relevant in clinical practice.

Response to Reviewer:

Thank you for the insightful comment. Simonetto et al did indeed demonstrate that venous outflow obstruction can lead to fibrosis via a non-inflammatory pathway, while showing that anticoagulation can help prevent the development of fibrosis. This certainly helps our understanding of the pathophysiology of hepatic venous outflow obstruction, but this review argues that hepatic venous outflow obstruction can present in two distinct ways, namely classic BCS where occlusion is usually in the hepatic veins and caused by thrombi and hepatic vena cava-BCS (HVC-BCS) where occlusion is in the IVC with a more chronic presentation. Given that the HVC-BCS is typically treated with some form of interventional therapy such as stenting or balloon angioplasty and Classic BCS is treated with medical therapy unless fulminant liver failure occurs (where

shunting or liver transplantation is the preferred treatment), we believe that the re-classification of Budd Chiari Syndrome will help clinicians more clearly identify the etiology of the outflow obstruction and ultimately provide better patient management. We are hopeful that future studies will help elucidate the pathophysiology of these two processes, allowing for the precise treatment of each patient.

Reviewer: 02941317

I congratulate the authors for this well designed review. This trial lead us to collect data about BCS . Descriptions and managements are well recognised.

Response to Reviewer:

Thank you for the positive comment.

Reviewer: 00182864

COMMENTS TO AUTHORS

Dear Aothor, The paper seems to be good. It needs figures related with BCS. s?NCERELY

Response to Reviewer:

Thank you for the comment. We have now included Figures 2 and 3 to visually depict Classic BCS and hepatic vena cava-BCS.