

ANSWERING REVIEWERS



February 10, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 8745-review.doc).

Title: Non-selective β -blockers may induce the development of portal vein thrombosis in liver cirrhosis

Author: Xingshun Qi, Ming Bai, Daiming Fan

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 8745

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

1 Format has been updated

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

1) *Comment from reviewer 1 (02540259): this is an interesting letter suggesting that non-selective b-blockers (NSBBs) may be associated with poor outcome in a subgroup of patients with cirrhosis. I don't have any further comment on this letter.*

Answer: Thank you for your review.

2) *Comment from reviewer 1 (02527489): The letter by Xingshun et al. entitled: "Non-selective beta-blockers may induce the development of portal vein thrombosis in liver cirrhosis" deals with a very interesting theme that is the possible implication of a therapy that can be considered as the "aspirin" of the hepatologists as the AA say (i.e. the use of non-selective beta-blockers in the prevention of variceal bleeding) in the development of a complication of liver cirrhosis, portal vein thrombosis, which can be itself cause of decompensation. The physiopatological hypothesis considering the capability of NSBBs in reducing the portal vein inflow and portal pressure is correct. However some considerations have to be done. Old data in the literature showed that PVT was present in 10% of patients with liver cirrhosis and most of more recent studies present a prevalence of PVT in cirrhotic patients between 5 and 20%. Of course the decreased portal inflow has been considered as the main risk factor for the development of PVT, even if inherited coagulation abnormalities cannot be ruled out. Moreover, at the moment, the secure and evidence-based benefits of NSBBs in the treatment of portal hypertension overcome the potential harms in general and in particular related to the eventual complications of an eventual PVT. Finally the authors suggest a prospective study on the relationship between NSBBs use and PVT development even if is not clear how the study could be designed considering that a randomization vs placebo could not be ethical. Minor points 1. Introduction section. Page 4, line 15 the sentence (median survival time: 20 months with propranolol v.s. 5 months in patients without propranolol...) should be change into (median survival time: 20 months not treted with propranolol v.s. 5 months in patients treated with propranolol...) 2. Page 5, line 2, the reference n° 19 is incomplete*

Answer: Thanks very much for your review.

First, I have corrected the error in the text regarding the data from the study by Serste et al..

Second, I have revised the reference [19].

3 References and typesetting were corrected

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

Sincerely yours,

Xingshun Qi

Xijing Hospital of Digestive Diseases,

Fourth Military Medical University,

127 West Changle Road, Xi'an, 710032, China

E-mail: xingshunqi@126.com

Telephone: +86-29-84771537

Fax: +86-29-82539041