

This is an interesting retrospective study on 9 patients with non cirrhotic PVT treated by agitation thrombolysis in combination with CDT through either TIP or TP. . The article is interesting for publication. Some minor issues:

1. No detailed information about complete thrombophilic evaluation or hepatitis status such as HBV or HCV status is given. Except of protein C or S deficiency other thrombophilic conditions such as thrombophilia V Leiden should be also excluded. Please see a rare case of PVT in the case of combined hemophilia A and thrombophilia V Leiden. E.g. Ther Clin Risk Manag. 2010 Oct 26;6:539-41. doi: 10.2147/TCRM.S13660. Portal vein thrombosis in a patient with HCV cirrhosis and combined hemophilia A and thrombophilia V Leiden.

None of the patients had hepatitis. The detailed information about complete thrombophilic evaluation had been mentioned in the Etiology column of Table 1, such as protein C or S deficiency, myelodysplastic syndromes, Nephrotic syndrome, splenectomy.

2. In these case series PVT was the first clinical manifestation of thrombophilic diathesis? Please give this information also.

In our study, the symptoms related to PVT were the first and main clinical manifestation. It was not clear whether the patients had thrombus in other locations, such as lower limb venous and cerebral vascular, as the patients did not had any related symptoms and special examination. The symptoms related to PVT had been mentioned in the Symptoms column of Table 1.

3. The authors should focus the necessity of high expertise needed for successful outcome in these severe cases. So the treatment they proposed are restricted to University Hospitals.

Puncture of the portal vein is difficult to perform under fluoroscopic guidance, and required extensive experience and a good understanding of imaging data including contrast-enhanced CT/MRI; so the treatment is restricted to University Hospitals. And it had been mentioned in the fifth paragraph of DISCUSSION.