Author's response to reviews

Title: Assessment of intrahepatic blood flow by Doppler ultrasonography: relationship between the hepatic vein, portal vein, hepatic artery and portal pressure measured intraoperatively in patients with portal hypertension

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Dear editor,

This is the revised version of the submitted article “Assessment of intrahepatic blood flow by Doppler ultrasonography: relationship between the hepatic vein, portal vein, hepatic artery and portal pressure measured intraoperatively in patients with portal hypertension”.

In the past few days, I looked through all the medical records of the patients again and consulted the doctors in charge of those patients. The details of the patients’ conditions were listed as followed:

The indication of shunt surgery for PHT surgery include: patients with severe hypersplenism whose blood count was WBC<2.0×10^9/L, PLT<30×10^9/L; patients with PHT had the history of bleeding or severe esophageal and gastric varices under the endoscopic view.

Among the PHT patients enrolled in our study, 55 patients had the history of bleeding (12 patients with more than once bleeding; 43 patients with once bleeding). Among the patients without bleeding history, 3 patients had severe hypersplenism, 2 patients had severe esophageal and gastric varices under the endoscopic view. In the article we listed the extent of esophageal and gastric varices. 8 patients were absent of the esophageal and gastric varices. The real situation is: 3 patients with severe hypersplenism were absent of esophageal and gastric varices under the endoscopic examination, while the other 5 patients could not tolerate the whole examination, only the esophageal varices was evaluated and no varices was found in these area. The extent of esophageal and gastric varices in 12 patients was not available because of the history of rebleeding and the patients’ condition. All the patients’ liver function was assessed both by Child-Pugh scores and Ditan classification (which was based on Child-Pugh scores and supplemented by ICG measurement and thrombelastogram). 8 patients with Child-Pugh C finally were diagnosed as Ditan II classification and can tolerate the surgery.

During the course of revising the article, we realize that it may be the emphasis we put differed from the reviewers’, there is still something to be desired in the article. In the research work, we selected the patients who would take the surgery and made the ultrasound examinations before surgery. The related clinical information we collected and presented in the article was insufficient, which caused many misunderstandings, even errors. However, we all think that it will help us to accomplish a well-organized and scientific paper in the end. So we sincerely hope this article is well-revised and could be accepted by your journal. The revision is characterized by red letters.
Thank you very much!
Yours sincerely,
Li Zhang