Dear editor,

Thank you for your comment on our manuscript entitled "Prevalence of pre-transplant electrocardiographic abnormalities and post-transplant cardiac events in patients with liver cirrhosis" (MS4780181971158157). We have indicated the changes made to the paper in red. Our response to your comment is as follows:

I would kindly request from you to further clarify the cirrhosis etiology of the 40% of your patients. This is an important issue as cryptogenic cirrhosis is increasingly emerging as an important cause for liver transplantation and it is thought to represent the end-stage of non-alcoholic steatohepatitis (NASH). Given that NASH is closely associated to metabolic syndrome, can you please show if this subset of patients had more cardiac events or cardiac-associated mortality after transplantation?

The etiology of cirrhosis are listed in table 1. Regarding the “other” etiologies, they included 1/234 Wilsons disease, 1/234 drug induced liver injury, 2/234 secondary sclerosing cholangitis, 3/234 alpha 1 antitrypsine deficiency, 1/234 cystic fibrosis, 7/234 overlap syndrome, 2/234 cholestatic disease and alcoholic liver disease, and 1/234 echinococcal infection/treatment of echinococcal infection. This information has now been added to the footnote of table 1 in the revised version of the paper.

Neither the occurrence of cardiac events nor cardiac mortality post-transplant differed significantly in patients with NASH/cryptogenic cirrhosis compared to the rest of the cohort. (p>0.1 for all). This data is now added to the Results, in the revised version of the manuscript (under subheading “incidence of cardiac events following liver transplantation”).

Kind regards,

Axel Josefsson
MD