Reviewer’s report

Title: Hepatobiliary and Pancreatic Manifestations in Inflammatory Bowel Diseases: A Referral Center Study

Version: 1 Date: 11 Dec 2018

Reviewer: Armand Abergel

Reviewer's report:

Thank you for the responses to the different comments
Some points should be improved:

Page 3, lane 9: the most frequent hepatic, biliary and pancreatic finding were respectively fatty liver, cholelithiasis and acute pancreatitis.
Page 3, lane 9: It is difficult to clearly know how the percentages are calculated. I think it could be useful to add every time the numerator, the denominator and the percentage. Example: 55% (120/220). You have to tell maybe in the methods that the calculation method tend to surestimate the frequency of the events.
Page 12: For example in the abstract 5.3% of them had positive hepatitis B. Add in parenthesis: 12/225. I am not sure that the precision 5.3% is necessary. 5% is enough (12/225)
Page 15: 24 patients had drug related side effects. The 2 cases with hyperamylasemia, are not side effects. The 2 patients with SULFASALAZINE cannot be imputed to sulfasalazine after 1.5 to 5 years. Then we are left with 21 patients with DILI and 3 with DIPI.
Page 3, lane 17: it is very difficult to diagnose exacerbation of hepatitis C as ALT fluctuates in CHC. Please replace by one case of chronic hepatitis
Page 19: replace some kind by an
Page 3, lane 21: replace innocent by benign
Page 4, lane 21: replace not a rare by common
Page 4, lane 25, remove cumulative
Page 5, lane 8: I will add autoimmune pancreatitis in the differential diagnosis
Page 5, lane 20: only 30% have typical histology. I will remove typical.
Page 6, lane 19: revealed abnormal findings
Page 26: remove in patients
remove information on sulfasalazine unless you have good arguments for keeping it
Page 7, lane 2: patient with primary
Page 7, lane 5: The most common pancreatic manifestation. What was the etiology for the fourth patient?

Page 7, lane 28: four patients with ALT > 3 ULN and not one.

Page 9, lane 5: of our study
lane 14: with a highest number of males having cholelithiasis
lane 17: concerning PSC
lane 19: our retrospective

Page 10, lane 7: mesalazine
lane 7: The delay between drug introduction and acute pancreatitis was similar....
lane 9: should include DIPI, biliary pancreatitis, auto-immune pancreatitis and duodenal involvement.
lane 12: of their immunisation for hepatitis
lane 21: the low proportion

Page 11, lanes 18 to 20: it is a result and should be included in the results section
lane 21: ULN
lane 22: may be better tolerated

Page 12, lane 1: In our study, one out of four....

-A descriptive Table is necessary and can replace the Table 2
Columns: Whole population, UC, Crohn
Lanes: age sex, severity, localisation, frequency of the extra-intestinal manifestations.....

-Table 3: I think sulfasalazine should be removed unless you have very good reasons to think that it is responsible of DILI

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

No

**Does the work include the necessary controls?**
If not, please specify which controls are required in your comments to the authors.

Unable to assess

**Are the conclusions drawn adequately supported by the data shown?**
If not, please explain in your comments to the authors.

No
Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

Not relevant to this manuscript

Quality of written English
Please indicate the quality of language in the manuscript:

Acceptable

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