

## Peer Review File

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### **Reviewer A**

Comment: The review by Hannah Wilkins et al. is well written complete and summarized the knowledge on this topic, some topic as TIPS could be developed with addition of main published studies on this topic; authors should quote that cardiac tamponade can complicate hepatic hydrothorax and than non cirrhotic portal hypertention can lead to hepatic hydrothorax. The recent international study on HH By Cadranel JF et al (BMC Gastroenterology 2023) should be quoted and discussed.

Reply: We thank the reviewer for these comments.

- Whilst we agree that TIPSS is an important therapeutic technique to include in this review, we feel an in-depth discussion of this procedure is beyond the scope of this article, the purpose of which is to provide an overview of HH, including an approach to its diagnosis and management. The various interventional and non-interventional management options (including TIPSS) are already covered in some detail (see pp.7-13), supported by our suggested approach to management illustrated in Figure 2. We have now included discussion of one further article, comparing outcomes in patients with refractory HH or ascites treated with TIPSS (see p.12), and have as a result split the section on TIPSS into two paragraphs. However, we feel a more in depth discussion of this technique is not warranted, and may indeed deter readers from the mainstay of HH management (i.e. primary medical/conservative treatment options).
- We have now included mention of the fact that, rarely, cardiac tamponade and haemodynamic compromise can complicate hepatic hydrothorax in the context of large volume effusions (p.5).
- Although hepatic hydrothorax is typically associated with portal hypertension in the context of liver cirrhosis, we have added a statement to the introduction

(p.3) to reflect that non-cirrhotic portal hypertension can very rarely lead to hepatic hydrothorax. We have made a minor clarification in the same paragraph to emphasise that it is portal hypertension associated with underlying liver disease which underpins the development of hepatic hydrothorax.

- We have now incorporated the suggested recent international survey within the management section of our review (p.7) – this article is limited as an online survey that is restricted to French-speaking hepatologists and pulmonologists (and may, therefore, not be fully representative of practice in the UK, US or other countries); however, we recognize that this recent survey highlights disparity in approach to HH (particularly refractory HH), supporting our subsequent statement that adopting a multi-disciplinary approach is paramount to optimizing patient care in the absence of standardized guidelines.

**Reviewer B:**

Comment: I find this article well written, with good attention to grammar and vocabulary and flow. No important points regarding HH have been missed and the references are good. I am happy to accept this article as it is currently.

Reply: We are very grateful for the reviewer comments and pleased that our submitted manuscript is considered acceptable in its current form.