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Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	Ms_IJTDH_25475
Title of the Manuscript:	Frequency of hepatic hydrothorax in patients with decompensated cirrhosis in Zagazig university hospitals (single center study).
Type of the Article	Original Research Article

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

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PART 1: Review Comments

	Reviewer's comment	Author's comment <i>(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</i>
<u>Compulsory</u> REVISION comments	Discussion is to provide an explanation of results. In discussion, no data should be mentioned for the first time without previous writing it in results	
<u>Minor</u> REVISION comments	Title: The name of institution should be written only in material and methods. The [Zagazig university hospitals] should be modified into [tertiary care centre or university hospital in Egypt] Abstract: Child classification of patient with hydrothorax was not mentioned in the results The authors wrote in conclusion and key words: pleural effusion. It is better replaced with hepatic hydrothorax since pleural effusion can be malignant, Malignant and cardiac causes were excluded in the study The conclusion does not summarize the findings of the study completely. it should be modified into: Hepatic hydrothorax is an uncommon complication of advanced liver disease. In this study; the frequency of with hepatic hydrothorax in decompensated cirrhotic patients was (12.5%). It was mainly moderate in amount, more common in the right side and in patients with child (C). Aetiology of liver cirrhosis is not mentioned. If data is not available this should be written in discussion as a	



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	limitation of the study Table 1 is a repetition of data in results. Table 1 should be removed Table 2 is a repetition of data in results and figure 1. Table 2 should be removed Table 3 is a repetition of data in results. Table 3 should be removed The authors wrote in results: Cases with pleural effusion are more in patients with Child C (61.5%) and 132 (38.5%) are in child B while, in group I patients most cases are in child C (52.8%) (Table 4). The authors should add the <i>P</i> value The authors wrote in results: There is no significant difference between the chemical and bacteriological analysis of ascitic and pleural fluids in group II patients (table 5, 6, and 7). This is not correct. Correction: There is no significant difference between the chemical and bacteriological analysis of ascitic in both groups (table 5) and between ascetic and pleural fluids in group II patients (table 8). Table 6 is a repetition of data with table 8 so it should be removed. There is error in writing number of tables 7 and 8. Table 8: + should be corrected into $\pm$ There is a repetition of data in table 9 and figure 3. Table	
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	9 should be removed. The authors wrote in discussion: trying to determine the frequency and underlying the possible pathogenesis this disorder. This is not correct since the authors did not assess [the possible pathogenesis this disorder] There is a repetition of data from results in discussion. The authors wrote in discussion: This study showed a highly significant increase in incidence of dyspnea in pleural effusion cases, about (78.8%) of cases in group II suffer from dyspnea in spite of about (27.5%) only of cases in group I suffer from dyspnea which mainly occur in tense ascites. These data were not mentioned in results or tables The authors wrote in discussion: dry cough which was reported in (84.6%) Of cases and chest pain (15.4%). These data were not mentioned in results or tables The authors wrote in discussion: This study showed that, there was a highly significant difference in size of abdominal enlargement between the two groups; (28.8%) only of cases in group II have mild ascites. These data were not mentioned in results or tables There is significant difference of LL edema between two groups. These data were not mentioned in results or tables (49.0%) of cases in group I have abdominal hernia and 267 (50.0%) of cases in group II have abdominal hernia.	
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	These data were not mentioned in results or tables	
<u>Optional/General</u> comments	In this study from Egypt, the authors assessed the frequency of hepatic hydrothorax in patients with decompensated cirrhosis. The authors reported that the frequency of pleural effusion in decompensated cirrhotic patients was 12.5%. 76.9% of pleural effusion patients had effusion on right side, 46.1% had moderate effusion and 61.5% of patients with hepatic hydrothorax were child (C) The reviewer suggests for the authors to make a more powerful study by assessing the frequency and etiology of pleural effusion in patients with decompensated liver cirrhosis whatever the cause [cardiac, malignancy, infection, transudate]	

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