Thank you very much to all of my dear editors and reviewers for your precious efforts and time. Thank you also for helping me to improve the quality of my paper and I would like to send you my answers to all the questions that were directed to me from the reviewers.  
  
 All the recommended modifications were done in response to your comments in the attached file, all of them were modified and added in the main text and marked with (bold red lines).

Thanks in advance  
  
**My answers to reviewers 1,2,3 comments as follow:**  
**Reviewer 1:**

Presence of Ascites, Jaundice, and hepatic encephalopathy. These parameters cannot be cross-matched as the control group is non-cirrhotic?  
Thank you very much my dear reviewer for your valuable comment, matching of the groups was performed regarding the characteristics of Age and sex only.  
But,  
Presence of Ascites, Jaundice, Lower limb edema, Pallor, hepatic encephalopathy, CBC, INR,ALT, AST, Total and direct bilirubin and S. albumin, serum creatinine and urea) was evaluated and compared and not matched.(Refer to methods section in the manuscript).

**Reviewer 2: (ME)**

1- Are all patients’ treatment naive?  
No, Most of them weren’t treatment naive

2- What are the inclusion and exclusion criteria?  
Exclusion criteria: All other causes of cirrhosis like HBV and auto immune causes.  
Inclusion criteria included Helicobacter Pylori Infection in Portal Hypertensive HCV Cirrhotic Patients vs H.pylori positive heathy non cirrhotic individuals.

3- Why was levo-based triple therapy used?  
Because most of the patients weren’t treatment naïve

4- Why was fecal stool antigen below 15 used as a cut-off?  
This was related to the used H.pylori fecal antigen kits.

5- What were the precautions for stool antigen detection before and after treatment?  
To ensure accurate H. pylori stool antigen detection, certain precautions were done before the test. These include discontinuing certain medications like PPI at least 1 week before the test, antibiotics at least one week before the test, bismuth medications, avoiding specific foods and drinks, such as black pepper or items with caffeine (soda, tea, coffee, and chocolate) and following proper stool sample collection procedures.

6- The methods section is missing a statistical analysis section describing the details of sample size calculation, statistical methods used?  
A purposeful sample of patients will be selected from outpatient clinics. Patients were allocated in non randomized manner based on inclusion criteria. A sample size of 104 is calculated using Clincalc with 1:1 enrollment ratio (52 patients at each group, at 95% level of significance, p value<0.05, and power of 0.8 ). Matching of the groups will be performed regarding the characteristics of Age,Sex

Sample size calculation based on response rates of a study of correlation cirrhosis and H pylori treatment

Null hypothesis: There is no significant difference between treatment and control group) in response to H pylori treatment.

Alternative hypothesis: There is significant difference between treatment and control group) in response to H pylori treatment.

7- The ethics section, including patient consents and IRB approval, is missing?  
All informed consents were taken from all the individuals involved in this work; The Ethics Committee of the Faculty of Medicine at Alexandria University accepted the current research, February 2023 with the serial number 0305999. (Refer to ethics section)

8- It looks that there was a significant difference between both groups regarding H pylori stool Ag quantity before treatment, which makes the detection of treatment response comparison questionable.  
Thank you very much for your valuable comments, as you know quantification of H.pylori fecal antigen doesn’t reflect the load of infection but reflect the positivity of infection.

9- The correlation between each laboratory and clinical item may be better correlated to the child's class or degree of portal HTN?   
Thank you very much for your valuable comments but I need to till your Excellency that we focused on evaluation of H.pylori treatment response in cirrhotic patients with different classes.

10- How many patients tested negative in each group after treatment? This is the judge of treatment success.  
(35) Individuals were negative after treatment for control group and (22) individual were negative after treatment for the cases group.

11- Please focus more on comparing your results to other studies and not merely describing others: Thank you very much for your valuable comments, all the recommended modifications were done.

12- How portal HTN and cirrhosis were diagnosed in the current study  
it was diagnosed on clinical, laboratory and ultrasound basis.

Reviewer3: AM

Although the work is interesting, it contains significant mistakes. The abstract, introduction, and methodology are too brief and lack essential components. The results section contains numerous errors that require urgent statistical consultation. Discussion cannot be evaluated since the results are not correct…?  
  
Thank you very much for your valuable comments, all the recommended modifications were done.