

July 28, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 11606-reviewed.doc).

Title: Acute fatty liver of pregnancy: Over six months' follow-up study of twenty-five patients

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Name of Journal: World Journal of Gastroenterology

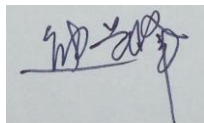
ESPS Manuscript NO: 11606

The manuscript has been improved according to the suggestions of reviewers:

1. Format has been updated
2. Revision has been made according to the suggestions of the reviewers 1-3 (details on the next page)
3. References and typesetting were corrected

Thank you again for publishing our manuscript in the World Journal of Gastroenterology.

Sincerely yours



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Reviewer 1(by 00068657)

As we all know, acute fatty liver of pregnancy (AFLP) is a rare but life-threatening complication of pregnancy, it remains a common cause of liver failure in pregnancy. The article evaluated the prognosis in patients with acute fatty liver of pregnancy discharged over six months and concluded that acute liver failure and acute renal failure in AFLP patient is reversible, mothers do not need specific long-term follow-up after recovery from AFLP providing their liver function tests have normalized and they remain well. However, the design of article is too simple; we advised the manuscript could be published in another style.

We thank the reviewer for the positive feedback. The design of article is really simple, but we believed that this small and simple study could answer some confusions roused by bedside clinical works.

Reviewer 2 (by 00069130)

The authors evaluated the prognosis in patients with acute fatty liver of pregnancy discharged over six months. This is a clearly written manuscript- a small and simple study, although it does not provide clearly novel observations or ideas. Materials and methods appear good. I would recommend the publication of this manuscript in World journal of Gastroenterology.

We thank the reviewer for the positive feedback.

Reviewer 3 (by 00006682)

In this report the authors followed up the prognosis of patients with AFLP for more than six months and concluded that acute liver failure and acute renal failure were reversible and long-term follow-up was not necessary after recovery from this disease.

- 1. Previous report showed that clinical recovery was seen within 3-4 days after delivery but laboratory abnormalities could persist for much longer (Nelson DB et al. Am J Obstet Gynecol. 2013;209:456.e1-7.).**

Thanks for provide us this excellent paper.

In this paper, **Nelson DB et al** was to provide a description of clinical and laboratory finding: pregnancy outcomes in women with acute fatty liver of pregnancy (AFLP). They also characterize the duration of recovery of multiorgan system dysfunction that begins after delivery.

After reviewed their clinical and laboratory findings, pregnancy outcomes, and postpartum resolution of 51 AFLP cases between 1975 and 2012, the authors found that composite recovery times of various markers of hepatic and renal function indicated normalization of most laboratory values within 7-10 days after delivery. They found that arrest of hepatocellular necrosis was apparent within 1-2 days after delivery, as evidenced by decreasing AST levels. These levels usually peaked at oraround the time of delivery, after which they dissipated rapidly to <100 U/L by the second or third postpartum day. After this, most of the levels were slightly elevated at the time of discharge; **in a few women, they remained slightly elevated for up to several weeks.**

From the paper, we could found that: 1) it was a retrospective research. 2) Maybe only the data during hospitalization was collection and analyzed. 3) The aim of this study was differential from us. 4) The conclusions were similar with us which was published in 2012: Xiong HF, Liu JY, Jiao YQ, etal [Acute fatty liver of pregnancy](#). Chin Med J (Engl).

2. Are the patients with abnormally high concentrations of transaminases (Table 2) those with persistent abnormalities?

Only one patient out of 25 cases had mild abnormally high concentrations of transaminases with ALT 52U/L, AST 42.1 U/L and TBIL 9.6 μ mol/L. She was admitted at 2011-04-24 with ALT 1484U/L, AST 2411U/L, TBIL 350.0 μ mol/L and PTA 36.8%. After aggressive treatment, she was discharged at 2011-05-25 with normal liver function. On the follow-up day (2012-12-30), lab results showed above with normal renal function and blood cell counts. But abdominal ultrasound showed that she had mild fatty liver. We thought that the mild abnormally high concentrations of transaminases were collected with mild fatty liver. No more data available after the follow-up study.

3. What was an increasingly coarsened echo-pattern and an increased echogenicity of the liver observed in 10 patients after follow-up time?

This is something we are also very confused because all these 10 patients had normal concentrations of transaminases at follow-up time and they felt well.

Unfortunately, no liver biopsy was done with these patients. It may be interesting perform another follow-up study for these patients.

3. Tables 1 and 2 may be combined and laboratory tests should be listed in the same order.

Thanks for your good idea.

4. Style of references is different from that requested by this journal.

Thanks for your kindly reminder.