

36107-Response to Reviewers:

1. This a case study of two patients who developed autoimmune hepatitis. Case 1 comments: The author states that the case presented with anti-HCV but they did not go on to confirm if this was an active HCV infection by looking for HCV-RNA so they never ruled out HCV as a cause of this man's hepatitis. In the last paragraph, there is a little too much drama to start the paragraph by saying "Due to tragic life circumstances,..". Losing someone to follow-up is not a tragic life circumstance, on the grand scale of things and not appropriate wording in a scientific paper. Case 2 is more straightforward and seem like a more probable case of autoimmune hepatitis. Conclusion I think that the advice the author is making that AIH should be considered when other etiologies are ruled out in HIV positive patients is reasonable.

*Response: For Case 1, the patient was HCV negative, non-reactive for HCV antibodies, and undetectable by PCR. There was an error in the manuscript which reported "He was immune to Hepatitis B virus, but reactive for Hepatitis C antibody" which should have been "...but nonreactive for Hepatitis C..." We have crossed check this information for both Case 1 and 2, and have amended the manuscript. We have also addressed the language of the last paragraph. Thank you for your constructive comments.*

2. Authors can not confirm the diagnosis of AIH in case 1. Because score of case 1 is lower than 15. This patient has also anti HCV positivity. Authors did not mention about HCV RNA status for this patient.

*Response: Autoimmune hepatitis was confirmed upon histopathology. As noted above, there was an error in the manuscript which reported "He was immune to Hepatitis B virus, but reactive for Hepatitis C antibody" which should have been "...but nonreactive for Hepatitis C..." We have crossed check this information for both Case 1 and 2, and have amended the manuscript. Thank you for your constructive comments.*

3. The manuscript describes an interesting and rare association between autoimmune hepatitis and HIV infection in 2 adult patients. The report is concisely and clearly described and it's of potential interest for readers because information on this topic is still scanty. Minor point 1. Abbreviations should be introduced when first used and then consistently used throughout (i.e. HBV, HCV). 2. Was quantitative PCR assay used for HCV RNA detection in patient 1 resulted reactive for anti-HCV antibodies? This is important for understanding a possible role of HCV infection in the observed hepatitis. Reference list should be checked for Journal style.

*Response: We have corrected the abbreviations. Quantitative PCR assay was performed on Case 1 which reported undetectable. HCV antibody was also negative. We have formatted the references accordingly. Thank you for your constructive comments.*

4. This is very informative and adds new knowledge about autoimmune mechanisms of liver injury in HIV infection.

*Response: Thank you for your comment.*