

Dear editors and reviewers:

Thank you very much for your letter and valuable advice regarding our manuscript (Manuscript ID: 51583), entitled “Isolated elevated aspartate aminotransferase (AST) in an asymptomatic woman due to macro-AST: a case report”. We wish to extend our gratitude to the editors and reviewers for your constructive feedback and suggestions.

Responses to Reviewer 1# As authors mentioned, this case was rare and clinicians should be familiar with such conditions. Several issues listed below should be clarified.

- 1. Follow-up period should be clarified, and more longer follow-up period might be preferred.**
- 2. The titer of HBs-Ab should be shown. The presence and timing of HBV-vaccination should be described.**
- 3. The finding of cholecystitis was found in this case. The value of inflammation markers such as CRP or ESR should be shown.**

Authors would like to express our most sincere gratitude to the reviewer for your effort and patience in reviewing our manuscript. We deeply appreciate your-constructive comments that greatly help improve the quality and the presentation of this manuscript. We have revised our paper which we hope meet with your approval.

- 1、 We are sorry for our unclear report about the follow-up period of the patient. We have revised the follow-up time and the time point to make the timeline clear. In addition, we added the results of the recent two countercheck results of the patients to the figure 1 in order to increase the follow-up time. In addition, we will continue to follow up this patient for further study. Thank you again for this valuable advice!
- 2、 As the reviewer’s good advice, the titer of HBs-Ab and the presence and timing of HBV-vaccination had added to the passage.
- 3、 It’s our negligence and we are sorry about this. When the patient came to the clinic

for the first time, her own examination from other hospital suggested mild cholecystitis, but no cholecystolithiasis, gallbladder wall edema and other manifestations of cholecystitis attack, and the patient had no elevated white blood cells in conventional blood test, indicating no inflammation. In addition, the patient had no symptoms. Therefore, no cholecystitis attack was considered in the patient at that time. So CRP, ESR were not tested. You gave us a good advice, which is our thoughtless. Next time when we encounter this kind of situation, we will conduct relevant inspection. Thanks again for your good advice!

Responses to Reviewer 2# Good works...

Thank you so much!

I look forward to hearing from you soon.

Yours sincerely,

Junqi Niu