

Dear Editor,

First, thank you very much for your considerate and prudential editing and corrections.

We submit a revised manuscript entitled “Utility of periportal thickening measured on liver MRI for the assessment of hepatic fibrosis in infants with cholestasis” (manuscript number 53599) which has the opportunity for publication in *World Journal of Gastroenterology* after satisfactory revision.

We reviewed the suggestions of the reviewers and tried to do our best for the revision to make better manuscript under those comments.

Reviewers' comments

Reviewer 1

This work is a very important to improve non-invasive methods for the diagnosis of significant fibrosis or cirrhosis in infants.

→ Thank you for your comments.

Reviewer 2

R2-1. Liver MRI is a precise and objective method compared to liver ultrasound; however, it requires anesthesia and is more expensive. It could be interesting if the authors could compare their own findings (if available) with regard to PT between US and MRI. Alternatively, they should better discuss this point.

→ Because this was a retrospective study and there were limited data about PT on ultrasonography in non-biliary atresia patients, we could not evaluate the diagnostic

performance of PT on ultrasonography compared with that on MRI. However, as ultrasonography is a more available and easily accessible technique, further study is needed for this topic. We added this comment in the discussion.

R2-2. The authors used PT cutoff values of 4.2 mm for clinically significant fibrosis and 5.3 mm for advanced fibrosis, and other cutoff values for SR and APRI: they should provide references for these, or explain why they choose them.

→ APRI and splenomegaly are well known markers for the evaluation of hepatic fibrosis not only in adults but also in children with chronic liver disease from various causes. However, the diagnostic performance of these parameters for evaluating hepatic fibrosis grades in infantile cholestasis was not understood. Moreover, periportal thickening (PT) was only considered as the finding of biliary atresia and our study is the first study investigated this finding for the evaluation of hepatic fibrosis in infants. We added this point in the discussion.

Reviewer 3

R3-1. The manuscript is very elegantly written and statistics exhausted every tool to verify the results. One of the very well-written sections is the Study Limitations. However, they should have added the importance of liver biopsy in diagnosis of biliary atresia, being accurate in 93%-95% in most literature.

→ Thank you for your suggestion. We added this point in the introduction.

R3-2. There are a pair of language changes:

(1) Ultrasound elastography is non-invasive, but has the disadvantage that the accuracy of the test may be impaired if the practitioner lacks experience or if ascites exist in the perihepatic space.

→ We changed “if ascites exist” to “if ascites exists” as suggested. Thank you.

(2) Basically, ultrasonography-guided liver biopsy was performed using a 18-gauge core biopsy needle

→ We changed “using a 18-gauge” to “using an 18-gauge” as suggested. Thank you.

Again, we assure that this article has not been published elsewhere and is not being processed elsewhere.

Thank you for your consideration of our manuscript again.

Sincerely,

Mi-Jung Lee