

Dear Editor

We have enclosed the revised version of our manuscript –entitled “ LIVER DISEASE IN THE ERA OF COVID-19 – IS THE WORST YET TO COME?” – for World Journal of Gastroenterology

We thank you and the reviewers for the very helpful comments. We accepted all the comments and have included our responses below. We hope the revised version is acceptable for publication. Dear Sir I please be aware that in edited text in your system I can not see the red marked corrected parts of the manuscript, but in your system it is marked

Reviewer #1:

Specific Comments to Authors: 1. The Review article very lucidly describes the effects the COVID 19 impact on the liver diseases ranging from NAFLD to HCC 2 The review article did a nice literature search and showed the social impact of lockdown on liver diseases as well as the effects of COVID 19 directly on the liver. 3 The Article has some minor drawbacks - the absence of adequate word spacing,

RESPONSE: thank you. We had done it

Comment: no comment about Liver diseases in children

RESPONSE: thank you. We had done it

Unsolved questions : Future studies about the Post COVID effect on liver disease in patients who recovered Shall the extended lockdown and social work culture during the Pandemic will see an upsurge of NAFLD Any Liver medicine working on COVID or vise Versa Effect of Long term anticoagulants on Liver diseases Overall the Article is Good and shall serve to the scientific research community in a compact data with regards to COVID with Liver diseases

RESPONSE: thank you. We had done it

Reviewer #2:

Specific Comments to Authors: This is an interesting review that analyzes the available literature on this topic. These are my comments: The “background” contains a lot of imprecise or incorrect statements. On the other hand, it is not needed for the purpose of the study. Therefore, it must be deleted.

RESPONSE: thank you. We had done it

Page 9: Please be aware that TE is a SWE technique as well. Do you mean ARFI-based technique instead? Check the guidelines (update to EFSUMB guidelines, update to WFUMB guidelines, SRU consensus and update to SRU consensus) and modify accordingly.

RESPONSE: Yes thank you we had changed it

Alcoholic liver disease and COVID-19: It is unclear why some phrases and the majority of the sentences are highlighted with red font.

RESPONSE: It is a mistake. It should be black

Page 17, last sentence: the question mark is not needed.

RESPONSE: Thank you we had done it

Reviewer #3:

Specific Comments to Authors: REVIEW REPORT Title: LIVER DISEASE IN THE ERA OF COVID-19 – IS THE WORST YET TO COME? Article type: Review NO: 65176 Journal: Artificial Intelligence in Gastroenterology Date: 11.03.2021

RESPONSE: This article is for World Journal of gastroenterology, it is a mistake.

General comments: The authors (Mikolasevic et al) present in their article (Liver disease and COVID-19) a review on the topic of liver disease during the pandemic. The review was informative, however, there are already reviews on this topic as well as an official statement/review from the EASL-ESCMID, which has not been cited, yet shows in certain aspects a similar structure ([https://www.jhep-reports.eu/article/S2589-5559\(20\)30103-8/fulltext](https://www.jhep-reports.eu/article/S2589-5559(20)30103-8/fulltext); <https://doi.org/10.1016/j.jhepr.2020.100169>).

RESPONSE: But we did cite this article. We had cited it, it is reference number 18 – we had marked it red

From a language point of view, the article is well written. Some considerations: - I believe the article has been transferred from the WJG journal to the current journal. The header should be changed (Name of journal: ...). –

RESPONSE: This article is for World Journal of gastroenterology, it is a mistake.

Perhaps merely coincidence, yet the first paragraph of the introduction is quite similar to this article: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7182166/> -

RESPONSE: According to reviewer 1 suggestion – the section „background“ is deleted. It's coincidence.

In the complications section there is no mention of thromboembolic occurrences, despite those being well documented: o Ackermann M, Verleden SE, Kuehnel M et al (2020) Pulmonary vascular endothelialitis, thrombosis, and angiogenesis in Covid-19. N Engl J Med 383:120–1283. o Bosmuller H, Traxler S, Bitzer M et al (2020) The evolution of pulmonary pathology in fatal COVID-19 disease: an autopsy study with clinical correlation. Virchows Arch 477:349–357 o Hanley B, Naresh KN, Roufosse C et al (2020) Histopathological findings and viral tropism in UK patients with severe fatal COVID-19: a postmortem study. Lancet 1:e245–e253 o Lax SF, Skok K, Zechner P et al (2020) Pulmonary arterial thrombosis in COVID-19 with fatal outcome: results from a prospective, single-center, clinicopathologic case series. Ann Intern Med. <https://doi.org/10.7326/M20-2566> o Multiple papers on viral tropism. o etc. –

Response: According to reviewer 1 suggestion – the section „background“ is deleted, thus that part was deleted.

Furthermore, the introduction states that data on how the infection affects the liver is still scarce. There are already several papers discussing this topic: o Pathophysiological mechanisms of liver injury in COVID-19 (<https://onlinelibrary.wiley.com/doi/10.1111/liv.14730>) o Liver histopathology in severe COVID 19 respiratory failure is suggestive of vascular alterations (<https://onlinelibrary.wiley.com/doi/10.1111/liv.14601>) o <https://www.nature.com/articles/s41392-020-00406-1> -

Response: Yes there are several papers regarding this topic, but we still do not know the exact mechanism, thus we had added this references and modified that part in the section „introduction“.

The authors present a review article and state “We performed a PubMed search using the keywords “chronic liver disease” and “COVID-19”. In this case, please add some sort of search protocol. When using this algorithm there are 396 results. Which were excluded, which were included. A PRISMA diagram would be the most transparent method of displaying the search method. –

Response: we had done it – introduction section.

Furthermore, several relevant articles are omitted: o Age and comorbidity are central to the risk of death from COVID-19 in liver transplant recipients ([https://www.journal-of-hepatology.eu/article/S0168-8278\(21\)00085-4/fulltext](https://www.journal-of-hepatology.eu/article/S0168-8278(21)00085-4/fulltext))

Response: Thank you. We have done it – marked red

o SARS-CoV-2 infection in patients with autoimmune hepatitis ([https://www.journal-of-hepatology.eu/article/S0168-8278\(21\)00033-7/fulltext](https://www.journal-of-hepatology.eu/article/S0168-8278(21)00033-7/fulltext))

Response: Thank you. We have done it – marked red

o COVID-19 hits viral hepatitis care for vulnerable populations - The Lancet Gastroenterology & Hepatology o

Response: Thank you. We have done it – marked red

Factors associated with COVID-19-related death using OpenSAFELY (<https://www.nature.com/articles/s41586-020-2521-4>) The main premise was to offer a review on the effect of the pandemic on liver disease. I believe the article could be, provided the authors address and correct the mentioned points, accepted. With best regards.

Response: Thank you. We have done it – marked red