

Dear Editor and Reviewers,

we thank you very much for evaluating our manuscript, your opinions and comments are very helpful and valuable to us. We appreciate it very much.

Since COVID-19 pandemic caused by SARS-CoV-2 emerged in Wuhan in December 2019 and rapidly spread worldwide, there is still limited knowledge about this condition and its natural history. Although the large majority of concern about COVID-19 and its outcomes is centered on pulmonary manifestations and sequelae, we must be aware that gastrointestinal and hepatic involvement could play a major role in the clinical spectrum of this novel disease. Hence, we are thankful to the authors for their contribution to current literature providing a review that summarizes the clinical features, proposed mechanisms and management of gastrointestinal and hepatic involvement in COVID-19 patients.

The aim of our manuscript is to implement the authors' well written work by reporting our experience with SARS-CoV-2 infection in Pediatric population.

Children were relatively spared during COVID-19 pandemic. The most common symptom of pediatric COVID-19 is fever but gastrointestinal involvement is also reported as one of the most frequent clinical features by the majority of the multinational studies in literature.

Nevertheless, a new entity whose features resemble those of known entities such as Kawasaki Disease, toxic shock syndrome, and macrophage activation syndrome was described. It could lead to shock and multiple organ failure requiring intensive care. This novel syndrome was firstly named pediatric inflammatory multisystem syndrome temporally associated with severe acute respiratory syndrome coronavirus 2 (PIMS-TS) then Multisystem Inflammatory Syndrome (MIS-C) following SARS-CoV-2 infection in children and adolescents. Interestingly, GI and hepatic involvement plays an important role among the most common presenting symptoms of this novel syndrome. This involvement potentially can not only be one of the most common presenting clinical features but one of the sequelae of these syndromes. We recently reported the case of a 14-year-old non-obese boy with MIS-C who had an excellent cardiac and renal outcome but presented new onset of hepatic steatosis.

We hypothesize that liver damage could be an outcome of viral infection, COVID-19 and MIS-C, such as inflammatory conditions leading to hypoxia, shock and coagulopathy, and of the necessary treatment for these conditions (corticosteroids but also antiviral drugs). Accordingly, we suggest that abdominal ultrasonography monitoring could be useful to identify a potential involvement of the GI tract and liver. Moreover, long-term follow-up is needed and would be essential to define the long-term outcomes of these patients.

In response to your precious comments:

PIMS-TS was firstly described in the latter half of April 2020 by the European Centre for Disease Prevention and Control. Then this novel entity was renamed Multisystem Inflammatory Syndrome in Children (MIS-C) by the Centers for Disease Control and Prevention (CDC) in the USA and World Health Organization. To date, these terms are used interchangeably in literature. We thank you very much for this remark, we added this clarification in the revised version of the manuscript.

We also corrected the error you noticed by replacing Center with Centers. We apologize for this oversight.

To date the abdominal ultrasound monitoring for COVID-19 patients is not supported by evidence but we suggest that it can be useful to identify potential damages early and evaluate the possible outcome of these patients. Abdominal ultrasound is a low-cost, non-invasive examination that would allow to identify any abnormalities and late outcome when performed in a follow-up program. We added this clarification in the main text of the revised manuscript. We thank you for the kind remark.

We fully agree that the role of SARS-CoV-2 for many of the reported presentations might be more likely temporal than causative. We added this remark to our revised version of the manuscript. Also, we believe that these presentations might create management problems for the treating physicians. Further studies are needed to assess the role of SARS-CoV-2 in these clinical scenarios.

Regarding your kind suggestion to discuss a little the current pandemic in correlation with the gastrointestinal diseases and the proposed pathophysiologic mechanism of GI manifestations of COVID-19, we briefly reported these topics in the revised version of the manuscript.

We have made all the changes you kindly suggest and we thank you very much for your precious opinions regarding our manuscript.