

## **Reviewer 1**

### **Comment**

The authors suggest that elevated AST may be the result of COVID-dependent muscle injury, but AST did not correlate with CPK levels. This should be considered in the letter

### **Reply**

The required change has been done in manuscript.

## **Reviewer 2**

### **Comment**

It may be too early to use AST levels to predict the severity and outcome of COVID-19 illness, since author also mentioned muscle injury in COVID-19 disease also contribute to the increase AST. However, in the original paper, both AST/ALT did not corrected with serum CK level, while strongly associated with inflammatory markers, such as CRP, implicating that liver damage sounds the main source of elevated AST/ALT.

### **Reply**

The author's perspective has been included in the manuscript. The AST in addition to liver, also originates from muscle, heart, kidneys and brain and should not be taken as specific to liver only. COVID 19 disease is a systemic disease with multi-organ involvement. The disease is specifically associated with cytokine storm affecting various organs and therefore, a comprehensive evaluation would be needed for raised AST levels.

### **Comment**

Another concern is the way how the paper was organized. It looks not well-structured and hard to follow. For example, in the first paragraph, author stated "Only a few studies could highlight liver function tests in patients with COVID-19 in non-cirrhotic patients". After the statement, author suddenly switched the topic and began to discuss the ACE2 expression. Again, the pattern of liver injury was placed as 3rd paragraph.

### **Reply**

The required change has been done in the manuscript.

