

Reviewer #1:

1. One aspect that could be further explored by the authors is the presence of other possible causes for the inflammatory response that was found in the post-treatment biopsies. Other case series on the subject have found significant steatosis and steatohepatitis, which could be a cause for persistent inflammation (in the series described by the authors, only one patient was reported as having steatosis of less than 5%).

Response: We thank the reviewer for bringing this important point up. This was mentioned in the table, and we now clarified in the manuscript that only one of our patients had steatosis and was mild <5% (the added sentence is highlighted in the uploaded manuscript).

2. Histological and biochemical markers of biliary complications (such as alkaline phosphatase and GGT) could also be addressed as possible hints for the underlying cause of persistent inflammation after successful antiviral treatment.

Response: All patients had preserved graft function, normal aminotransferases, and alkaline phosphatase levels except one with chronically elevated alkaline phosphatase and was later diagnosed with chronic ductopenic rejection (the patient had a mild absence of bile ducts on the end of treatment biopsy). We have already added this information to the result section, under the clinical follow-up. (The added sentence is highlighted in the uploaded manuscript).

3. Writing in the English language must also be reviewed for minor corrections.
Two of the study authors are native English speaker, they reviewed the manuscript and made the necessary changes.

Reviewer #2:

We thank reviewer #2 for their comments.

We again thank you for the time and the valuable comments.