

Reviewer #1: Dear Authors: Thank you for submitting this case report. I have some comments that need to be reviewed:

RE: We are grateful for the comments. We have revised the manuscript accordingly.

- Introduction should be divided into paragraphs, not as one block.

RE: This section has been divided into three paragraphs.

- hypoecho of the surrounding tissues ??? what is the echogenicity of the liver and the lesion itself?

RE: "hypoecho" has been revised as "low-echo". As the first ultrasonography of the patient was performed in other hospital, we didn't get more detailed ultrasound report.

- after more than ten days of ineffective treatment for jaundice: what is the treatment given for jaundice?

RE: We have listed the treatment: "After more than ten days of ineffective treatment including glutathione and ademetionine for jaundice"

- Physical examination showed mild jaundice of the skin and sclera, and hepatomegaly. This is very deficient description; the term hepatomegaly is vague: how many cm below costal margin? Is it left or right lobe? Is it tender or non-tender? Is it soft or firm or hard? smooth surface or irregular? What was the comment on spleen examination? Splenomegaly? Dull Traube's area? was there ascites?

RE: We have revised this section to make it more detailed. "Physical examination showed mild jaundice of the skin and sclera. Palpation of the abdomen revealed a blunted liver edge about 2 cm below the costal margin and 5 cm below the xiphoid process with medium level texture. The spleen was not detected under the costal margin, and there was no sign of ascites."

- Laboratory examinations: no mention regarding platelets level, albumin and total proteins, ALP, GGT, AFP, CA 19-9, ESR, viral hepatitis and autoimmune liver work-up.

RE: Most of the mentioned examinations have been added. As the blood levels of globulin and IgG was normal, antibodies associated with autoimmune hepatitis were not test.

- Imaging: Ultrasound report is very defective: no mention of liver size, echogenicity, status of intrahepatic ducts and CBD, presence of any hepatic focal lesions? If cystic lesion was detected by follow-up ultrasound, why CT scan was not performed?

RE: We have revised the ultrasound report to make it more detailed. "Hepatosplenic ultrasonic

showed abnormal liver morphology with inhomogeneous parenchyma, and multiple irregular anechoic tubular structures at the porta hepatis and intra-hepatic portal veins. The inner diameters of gallbladder cross section were 4.9cm x 1.4cm. There was no sign of intrahepatic or extrahepatic bile ducts dilatation. The spleen was 3.4 cm thick. Overall, the hepatosplenic ultrasonic indicated cavernous transformation of the portal vein and splenomegaly.”

After a cystic lesion was detected by follow-up ultrasound, DWI-MRI was performed instead of CT scan.

- Exploratory laparotomy and pathology: there is no mention of what has been excised and the details of the surgical intervention was not mentioned?

RE: We have revised this section to make it more detailed. “Since there was no clear border between the tumor and the normal tissue of the liver, the patient received incomplete resection of the mass and cholecystectomy; Kasai Portoenterostomy was also performed to allow for bile drainage”.

- After treatment was administered to protect the liver and lower the levels of aminotransaminase: which treatment has been given?

RE: This sentence has been revised as “After drugs such as glutathione, diammonium glycyrrhizinate, and ursodesoxycholic acid were administered to protect the liver and lower the levels of aminotransaminase and bilirubin, the symptoms...”

- There is no explanation of the cirrhosis; if the presentation was of 2 months duration, it is unlikely to develop cirrhosis.

RE: This patient presented with jaundice for one month prior to admission, and the exploratory laparotomy was performed about six weeks after admission, in other words, the exploratory laparotomy was performed about ten weeks after the disease onset (we have recount and revised the duration). The patient eventually developed cirrhosis shortly after, due to ineffective medical treatment. This can probably be attributed to the fact that the course of the disease was probably longer, but early symptoms such as mild jaundice were difficult to be noted by the parents.

Reviewer #2:

- Generally an excellent manuscript. However I feel the introduction and discussion sections are too long and should be broken up into smaller paragraphs for ease of reading.

RE: We deeply appreciate your suggestion and have revised the manuscript accordingly.

These two sections have been divided into several paragraphs.

- Furthermore, there should be greater description of the details and outcomes of the Kasai procedure

RE: We revised the relevant content as "the patient received incomplete resection of the mass and cholecystectomy; Kasai Portoenterostomy was also performed to allow for bile drainage."; As we mentioned in OUTCOME AND FOLLOW-UP section, the obstructive jaundice progressed just one week after the operation.

- There should be inclusion of ultrasound or MRI images displaying the lesion.

RE: The MRI images displaying the lesion has been added.

- There are a few language issues; e.g. the word "imageological" (not a true English word), "hypoecho" (not a true English word), "Amy Inji Chang and her colleges" (should be "Chang et al", we do not refer to authors by their full names in scientific writing convention), "it's noninvasive" (should be "it is non-invasive")

RE: We apologize for the language problems in the original manuscript. The language presentation was improved with assistance from a professional English language editing company.

- There are some vague sentences such as "Routine medical treatment had poor effect" and "After treatment was administered to protect the liver and lower the levels of aminotransaminase, the symptoms were relieved tentatively". What treatment is being referred to here?

RE: This sentence was revised as "After drugs such as glutathione, diammonium glycyrrhizinate, and ursodesoxycholic acid were administered to protect the liver and lower the levels of aminotransaminase and bilirubin, the symptoms were tentatively relieved."

Reviewer #3: The case reports a 10-month infant presenting with obstructive jaundice

diagnosed as biliary IMT. I have few suggestions and comments to make.

RE: Thank you for your valuable advice, we have revised the manuscript accordingly.

1. Authors should describe the history in detail as onset and duration of jaundice, associated symptoms of appetite loss/ irritability, clay colored stools, symptoms of cholestasis.

RE: We have provided more details to describe the history.

Chief complaints: "A 10-month old male patient presented to our hospital with recurrent jaundice, accompanied by decreased appetite and dark urine."

History of present illness: "The patient had presented with jaundice for one month. Associated symptoms included decreased appetite and dark urine, without fever and clay-colored stools. About two weeks previously, the patient was..."

TREATMENT: "...However, the previous symptoms recurred soon after and gradually worsened, being accompanied with intermittent clay-colored stools..."

2. Whether jaundice appeared at birth and progressed thereafter or not.

RE: This patient was the product of a normal pregnancy and delivery, and had no history of neonatal pathologic jaundice.

3. As biliary atresia, PFIC, neonatal viral infections are more common causes of jaundice in 1st year of life, they need to be ruled out through history and appropriate investigations.

RE: Biliary atresia could be ruled out according to the ultrasound and MRI images.

In order to exclude neonatal viral infections, we tested the associated viruses. "Hepatitis B surface antigen, e antigen, and antibodies to hepatitis B core antigen were all negative. Hepatitis C antibodies were also negative. EBV derived VCA-IgM and IgG were positive, and EA-IgG and NA-IgG were negative. Anti-human cytomegalovirus (HCMV) IgM and uric viral inclusion bodies were negative."

This patient had high level of GGT that did not coincide with PFIC1/2; The age-of-onset of patients with PFIC3 is usually later, although they manifest as high level of GGT.

4. IMT was suspected after exploratory laparotomy, therefore, before the laparotomy what was their clinical diagnosis which inspired them to take patient for surgical exploration.

RE: According to the imaging features showed in Hepatosplenic ultrasonic and DWI-MRI, we speculated that the lesion was a tumor.