

Dear Dr. Ma,

We are grateful to you for considering our manuscript (Manuscript NO: 81409) entitled “Postoperative Jaundice Related to *UGT1A1* and *ABCB11* Gene Mutations: A Case Report and Literature Review.” We also appreciate the reviewers for their valuable comments and suggestions. We have revised the manuscript accordingly, and all amendments are indicated in red in the revised manuscript. In addition, our point-by-point responses to the comments are listed below.

This revised manuscript has been edited and proofread by Medjaden Inc.

We hope that our revised manuscript is now acceptable for publication in your journal. We look forward to hearing from you soon.

With best wishes,

Yours sincerely,

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First of all, we would like to express our sincere gratitude to the reviewers for their constructive and positive comments.

Responses to the Reviewer 1:

Scientific Quality: Grade D (Fair)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors: This is one case report, but the study is not in-depth.

The author advocated “liver transplantation may be the choice of treatment after active medical treatment failure” in the conclusion, but it was a bit far-fetched because the patient failed to save and the operation was not carried out.

Response: In general, patients with intrahepatic biliary calculi and cholestasis associated with *UGT1A1* and *ABCB11* mutations have less benefit from surgical treatment such as partial hepatectomy, which may cause progressive aggravation of cholestasis due to surgical impact. Thus, early liver transplantation is the first choice for such patients.

Replies to Reviewer 2:

Scientific Quality: Grade C (Good)

Language Quality: Grade A (Priority publishing)

Conclusion: Minor revision

Specific Comments to Authors: Informative manuscript. The manuscript may be accepted. However, there is enough room for improvement.

1. The authors should the detailed biochemical and anthropometric parameters of the patient.

Response: We have revised the manuscript accordingly. Please refer to Page 10, line 1; Page 10, lines 11–16.

2. It would improve the study if the authors can sequence close relatives (optional).

Response: We also believe that sequencing the next of kin will help improve this study, but the patient's family does not agree.

3. Figure-4: What the yellow arrows represent? The microvesicular steatosis is not obvious. If the authors think it is significant, the authors may include another image at higher magnification showing it. What was the BMI of the patient? Was he on any drugs recently which causes microvesicular steatosis (or it is the result of the disease process)? If possible do a Masson's trichrome stain and IHC for stellate cells.

Response: Firstly, the BMI of our patient was in the normal range. Secondly, the patient did not take any drug that could potentially cause microvesicular steatosis during the disease. We have supplemented more illustrations on hepatocellular steatosis in figure 4, which shows hepatic steatosis cells less than 5% with a small number of balloon-like hepatocytes and rare spot-like necrosis. Therefore, we asserted that postoperative jaundice aggravation was mainly related to *UGT1A1* and *ABCB11* mutations but not associated with hepatocyte steatosis. Moreover, we have added the results of Masson's trichrome stain and IHC for stellate cells. Please refer to Page 11, line 20; Page 12, line 6. By the way, the yellow arrows represent cholestatic pigment particles.

4. Figure-5 Why the authors did not include the Sanger sequencing results for NM_000463.3:c.211G>A(p.Gly71Arg)?

Response: we have added the Sanger sequencing results for NM_000463.3:c.211G>A (p.Gly71Arg) in Figure 5.

Replies to Reviewer 3:

Scientific Quality: Grade C (Good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: This article was revised appropriately.

Response: Thank you for your suggestion. We have made appropriate revisions to this article.

4 LANGUAGE POLISHING REQUIREMENTS FOR REVISED MANUSCRIPTS SUBMITTED BY AUTHORS WHO ARE NON-NATIVE SPEAKERS OF ENGLISH

As the revision process results in changes to the content of the manuscript, language problems may exist in the revised manuscript. Thus, it is necessary to perform further language polishing that will ensure all grammatical, syntactical, formatting and other related errors be resolved, so that the revised manuscript will meet the publication requirement (Grade A).

Response: The manuscript has been revised with spelling, grammar, wording, and syntax checks and further proofread by two native English editors from Madjaden, a publication service company. We hope that this manuscript reaches the quality for publishing in your journal.

Authors are requested to send their revised manuscript to a professional English language editing company or a native English-speaking expert to polish the manuscript further. When the authors submit the subsequent polished manuscript to us, they must provide a new language certificate along with the manuscript.

Once this step is completed, the manuscript will be quickly accepted and published online. Please visit the following website for the professional English language editing companies we recommend: <https://www.wjgnet.com/bpg/gerinfo/240>.

5 ABBREVIATIONS

In general, do not use non-standard abbreviations, unless they appear at least two times in the text preceding the first usage/definition. Certain commonly used abbreviations, such as DNA, RNA, HIV, LD50, PCR, HBV, ECG, WBC, RBC, CT, ESR, CSF, IgG, ELISA, PBS, ATP, EDTA, and mAb, do not need to be defined and can be used directly.

The basic rules on abbreviations are provided here:

(1) Title: Abbreviations are not permitted. Please spell out any abbreviation in the title.

(2) Running title: Abbreviations are permitted. Also, please shorten the running title to no more than 6 words.

(3) Abstract: Abbreviations must be defined upon first appearance in the Abstract. Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*).

(4) Key Words: Abbreviations must be defined upon first appearance in the Key Words.

(5) Core Tip: Abbreviations must be defined upon first appearance in the Core Tip. Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*)

(6) Main Text: Abbreviations must be defined upon first appearance in the Main Text. Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*)

(7) Article Highlights: Abbreviations must be defined upon first appearance in the Article Highlights. Example 1: Hepatocellular carcinoma (HCC).

Example 2: *Helicobacter pylori* (*H. pylori*)

(8) Figures: Abbreviations are not allowed in the Figure title. For the Figure Legend text, abbreviations are allowed but must be defined upon first appearance in the text. Example 1: A: Hepatocellular carcinoma (HCC) biopsy sample; B: HCC-adjacent tissue sample. For any abbreviation that appears in the Figure itself but is not included in the Figure Legend textual description, it will be defined (separated by semicolons) at the end of the figure legend. Example 2: BMI: Body mass index; US: Ultrasound.

(9) Tables: Abbreviations are not allowed in the Table title. For the Table itself, please verify all abbreviations used in tables are defined (separated by semicolons) directly underneath the table. Example 1: BMI: Body mass index; US: Ultrasound.

6 EDITORIAL OFFICE’S COMMENTS

Authors must revise the manuscript according to the Editorial Office’s comments and suggestions, which are listed below:

(1) Science editor:

The manuscript has been peer-reviewed, and it's ready for the first decision.

Language Quality: Grade A (Priority publishing)

Scientific Quality: Grade C (Good)

Response: Thanks for your comments.

(2) Company editor-in-chief:

I recommend the manuscript to be published in the World Journal of Clinical Cases. Before final acceptance, when revising the manuscript, the author must supplement and improve the highlights of the latest cutting-edge research results, thereby further improving the content of the manuscript. To this end, authors are advised to apply a new tool, the Reference Citation Analysis (RCA). RCA is an artificial intelligence

technology-based open multidisciplinary citation analysis database. In it, upon obtaining search results from the keywords entered by the author, "Impact Index Per Article" under "Ranked by" should be selected to find the latest highlight articles, which can then be used to further improve an article under preparation/peer-review/revision. Please visit our RCA database for more information at: <https://www.referencecitationanalysis.com/>.

Response: Thank you for the suggestion. We have prepared our manuscript accordingly.