

Dear editors and reviewers,

Thank you very much for your comments and suggestions.

Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our researches. We have studied comments carefully and have made correction. We wish the modified version will be approved. The main corrections in the paper and the responds to the reviewer's comments are as flowing:

**Specific Comments to Authors:**

1.- In the section RESULTS, in the description of Liver Histopathology there is no reference to Figure 1.

**Response:**

I am very sorry for any inconvenience caused to the reviewers. In fact, the description of liver histopathology is based on the pathological results of the overall liver sample. Some characteristic pathological changes of liver in patients with ACLF are difficult to appear simultaneously in one field of vision.

I have replaced some more representative images. The content in these images is more consistent with the description of liver tissue pathology.

2.- In the section RESULTS, in the description of Altered mitochondrial ultrastructure in the liver of patients with ACLF, reference is made to Figure 2A, where it corresponds to Figure

**Response:**

Thank you for pointing out the mistake in our manuscript. I have changed "Figure 2A" to "Figure 3A".

3.- Do the authors have virological information on HBV such as viral load and genotype?

It is known that genotypes B and C exist in China. It is also known that the genotype influences the development of HBV-ACLF.

**Response:**

We regret that only a small group of patients with ACLF have preoperative HBV virological information. Generally speaking, the patients of ACLF undergo HBV viral load

testing upon initial admission and undergo follow-up one month after treatment. However, the liver transplant recipients included in our study have gone through several months or even longer from admission to surgery. The virological information of HBV is typically not a routine preoperative examination, especially the genotype, typically only tested for scientific research. When designing this study, we did not focus on the virological information of HBV. Thank you for your helpful suggestions. This has inspired us to pay more attention to the correlation between the virological information of HBV and the pathogenesis of ACLF in future clinical and basic research.

Best regards,

Yu Zhang