

Reviewer 1

This a very timely review covering a wide range of COVID-19-related liver diseases. However, the manuscript is too stereotype (see below), and is not acceptable for publication in the present form.

Thank you for taking the time to review our manuscript, we really appreciate the given effort that indeed add value to our work

Major points 1) The authors listed mechanically many papers. The authors should pose some conclusions at the end of each sentence.

Response: Thank you for this comment, we felt as a review article it is better to quote for others work. Adding a conclusion after each section could be a repetition and up to this moment, we are not involved in clinical trial in this context to put a specific opinion related to our experience However, we made a comprehensive conclusion to summarize our work and our opinion.

Conclusions

The pathogenesis and characteristics of COVID-19-related multifactorial liver injury can be explained by multiple mechanisms. The knowledge on the full spectrum of SARS-CoV-2 infection is still being built, given the novelty of the disease and the new data constantly being reported. Liver dysfunction is commonly seen in patients presenting with the severe form of this disease. Various therapeutic options used for COVID-19 can contribute to the exacerbation of existing liver injury. It is challenging to identify the causal factor in the settings of infection, sepsis, and/or hypoxia, especially when the liver enzymes abnormalities are non-specific. It is worth noting that underlying liver disease could possibly contribute to liver injuries patients might present with, but it has not been linked clearly with poor patients' outcomes. Many treatment modalities proposed for COVID-19 can induce DILI. It is imperative to monitor serum LFTs, especially in hospitalized patients or those with liver comorbidities. Patients with COVID-19 and LTX must maintain strict infection control and monitor drug interactions while maintaining immunosuppressive therapy at regular doses. Future research would help explain liver injury associated with SARS-CoV-2 infection and design specific guidelines for the management of COVID-19 in these patients.

2) Impact of COVID-19 on liver transplantation programs (Pages 8-10): The authors should focus on this theme, not on the general care system of COVID-19 infection.

The paper was written by a group of intensivists and clinical pharmacists who do intensive care practice. That why we tried our best to focus on critical care pearls and pitfalls in managing COVID-19 patients with liver affection from all aspects.

However, we value your comment and we focused more on the liver transplant part. We updated this part as a part of critical care of COVID-19 patient subjected to liver transplantation.

The transplant section contained general measures, outcome of transplant during the COVID-19, ICU care of patients with covid-19 subjected to transplant and vaccination consideration.

Minor points 1) English: To be revised

English had been revised by professional editor; certificate attached

2) Please add a list of abbreviations

A list of abbreviation was added at the end of the manuscript

3) Please mention clearly and briefly the impact of COVID-19 infection on screening system in CHD patients, HCC surgery, liver damage as a part of multiorgan failure

CHD is added as CVS in general, HCC is added, Liver damage was already mentioned in the article

Reviewer 2

It's a good study. It can be accepted

Thank you very much for your comment and contribution to this work

Reviewer 3

In my opinion, the paper is well written and has good technical components and clearly described but a rewrite is required before accept. I have some suggestions and questions.

Comment #1: Abstract is unnecessarily wordy. Make it brief and concise. Also, Conclusion should clearly state the outcome. Some of the obtained results need to be highlighted in the conclusion section.

Response : thank you for taking the time to review our manuscript , the abstract is made to shed a light on the review article; The future implication conclusion section were updated to include these points

Comment #2: Compare your review with the previous reviews.

Response: Thank you for tis comment, our review basically focused on liver affection in COVID-19 patients who need require intensive care.

As a group of intensivists and clinical pharmacists we though that this document could be helpful to the critical care practitioners taking care of COVID-19 patients. To our knowledge , none of the previous literatures had similar focus.

Narratives reviews are not usually being compared with each other. This is applicable to original research or systematic reviews and meta-analyses.

Comment #6: Show the performances of the reviewed systems graphically.

A figure was added that summarizes the pathogenesis of liver injury and consequences in COVID-19. We opted to add a general overview of COVID-19 implication on systems as whole so the figure represents both the Introduction section and the pathogenesis paragraph of the manuscript. Thank you for pointing this out.

Comment #7: It's very wondering that there are no Tables and Figures in the paper. Summarize the reviewed systems in Tables for easy understanding. Put the current challenges and corresponding future works in a Table

The manuscript contained 4 tables the order of tables are

Table 1. Reported definitions for liver injury in COVID-19

Table 2. Reported data on non-survivors or survivors versus non-survivors in COVID-19

Table 3. Reported data on critically ill, ICU, or severe COVID-19 patients

Table 4: Reported effects of selected COVID-19 therapies on liver

Science Editor; Peer Reviewer; Company Editor-in-Chief: I recommend the manuscript to be published in the World Journal of Hepatology.

Thank you very much for doing the needed effort to manage our manuscript

Scientific quality: The manuscript describes a Review of Impact of COVID-19 pandemic on liver, liver diseases in ICU. The topic is within the scope of the WJG.

(1) Classification: Grade C, Grade C, Grade C;

(2) Summary of the Peer-Review Report: This a very timely review covering a wide range of COVID-19-related liver diseases. The questions raised by the reviewers should be answered;

Response: all reviewers comments had been answered

(3) Format: There are 4 tables; (4) References: A total of 125 references are cited, including 109 references published in the last 3 years; (5) Self-cited references: There are no self-cited references; and (6) References recommendations: The authors have the right to refuse to cite improper references recommended by the peer reviewer(s), especially references published by the peer reviewer(s) him/herself (themselves). If the authors find the peer reviewer(s) request for the authors to cite improper references published by him/herself (themselves), please send the

peer reviewer's ID number to editorialoffice@wjgnet.com. The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately.

Response We already cited from 134 after the revision, we do not think that adding these specific references raised by the reviewer will add to the extensive search that we did

2 Language evaluation: Classification: Grade B, Grade B, Grade B. 3 Academic norms and rules: No academic misconduct was found in the Bing search. 4 Supplementary comments: This is an invited manuscript. No financial support was obtained for the study.

The topic has not previously been published in the WJG. 5 Issues raised: (1) Please visit the following website for the professional English language editing companies we recommend: <https://www.wjgnet.com/bpg/gerinfo/240>;

Response: the language had been revised by a professional editor, certificate attached

(2) The "Author Contributions" section is missing. Please provide the author contributions.

Added

And (3) PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references.

Response: the reference had been updated to include the required PMID and DOI

Please revise throughout. 6 Re-Review: Required.

Response: done

7 Recommendation: Conditional acceptance.