

To The Editor

World Journal Of Gastroenterology

Regarding: Revision of Manuscript titled: Drug-induced autoimmune hepatitis;
Manuscript Number:

Dear Editor,

We are greatly pleased to receive the favourable reviews on our manuscript titled Drug-induced autoimmune hepatitis. We would like to thank the reviewers and the editorial board for giving us the opportunity to revise our manuscript. We have itemized the reviewer's comments and have answered them point by point; which is appended below.

We hope that the reviewers and the editorial team like the revised manuscript.

Reviewer # 1

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1. In Figure 2 for patient A: Information about the suspected drug for this case, sorafenib, should be included, like in Figure 4.

→ We thank the reviewer for this valuable suggestion; the information has now been included in the figure. The revised figure 2 is appended in the manuscript.

2. Figure 3 is missing.

→ We regret that it happened; might be a technical glitch. Figure 3 is now included in the manuscript.

3. In Table 3 and 4: Why did authors distinctively highlight NS (not statistically significant) and * (statistically significant) in Table 3 and in Table 4, respectively? Two tables should be handled in same way and in more informative manner with each numerical p value.

→ We thank the reviewer for this valuable suggestion; the information has now been updated and included in the table.

4. In Table 3 and 4: Description of mean, median, and range etc are missing in several variables.

→ We thank the reviewer for this valuable suggestion; the information has now been updated and included in the tables 3 and 4.

5. In Table 3, histopathology: The reference for AIH is missing.

→ We thank the reviewer for this valuable input. The reference for AIH is from Reference (2) as stated on the left column

6. In Table 4: In case putting multiple literatures together to compare certain variable, e.g., relapse rate, authors should include methods for statistical analysis.

→ We thank the reviewer for this valuable suggestion; the information has now been updated and included in the tables 3 and 4. The p values for each study is now specified in tables.

7. In Table 4, histopathology in AIH: What did it mean “higher proportion of F4” in AIH.

→ We thank the reviewer for this valuable input , we agree that it was not the best used statement; it has now been removed.

8. In Page 5, lane 2: AIH antibodies should be clearly described.

→ We thank the reviewer for this valuable suggestion. The AIH antibodies are now described in full and it is reflected in page 4; para 2, lines 3-4. The entire statement now reads as “DILI with autoimmune phenotype, defined as DILI with presence of AIH antibodies (antibodies to nuclear antigen, smooth-muscle and soluble liver

antigen), occurs in 83%, 74%, 60% and 43% of nitrofurantoin, minocycline, methyldopa and hydralazine related DILI respectively”

9. In Page 6, case discussion, Patient A: How high was serum IgG before administration of sorafenib?

→ *We thank the reviewer for this important question; as much as we like the serum IgG level was not available before initiation of sorafenib as there was no clinical indication of the test.*

10. In Page 12, line 1: Is it appropriate to mention that both DIAIH and idiopathic AIH share similar female preponderance, if female prevalence of DIAIH was 62% as in Ref 9, that is likely less than that in AIH.

→ *We thank the reviewer for this valuable input , we agree that it was not the best used statement; it has now been amended.*

Reviewer # 2

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I think the MS provides a good guide for general physicians to treat DILI. The English needs revision by a native English speaker. I suggest including the lymphocyte toxicity assay in addition to the MetaHeps test. The lymphocyte toxicity assay described by Neuman et al -n Clin Biochem 2000;33:517-24 has been in use for more than 2 decades. In summary I recommend accept after revision.

→ *We thank the reviewer with all out heart for the encouragement and positive review of our manuscript. As suggested by the reviewer #2 the literature is now cited and appears as reference number 39 in the manuscript.*