**In this section we try to respond to our reviewers’ comments to the best of our abilities. We enjoyed learning about the great feedback they provided and depth of their valuable points they highlighted in order to strengthen the material we presenting to the medical society worldwide. Please find our responses below.**

**Reviewer comment**

Title: i suggest to change belly with "belly":

***Author response***

*We appreciate the reviewer recommendation. The word belly quoted to “belly”.*

**Reviewer comment**

Introduction section: please update the references on epidemiology (eg. Masarone et al. Rev Recent Clin Trials 2014, EASL guidelines J Hepatol 2016)

***Author response***

*We appreciate the time and effort put in by the reviewer. We updated our references to the introduction section especially in regard of NAFLD’s epidemiology. Indeed there is recent review published in August 2016 by Fazal et al.Metabolism and cited it as first reference.*

**Reviewer comment**

Change Ludwug with Ludwig

***Author response***

*We made this correction to Ludwig*

**Reviewer comment**

Pathogenesis section: the role of the adipokines serum level changes, was missed. The role of many adipokines, produced by visceral fat mass, are been recently studied (e.g. Abenavoli and Peta, Rev Recent Clin Trials. 2014; Polyzos et al. Metabolism. 2016).

***Author response:***

*We do appreciate the valuable point that the reviewer pointed toward in his comment about the adipokines. We dedicated a good section under pathogenesis and risk factors illustrated the role of adipokines in affection NAFLD in general. In specific, Asian population who has high percentage of total body fat and visceral fat, have high rate of metabolic syndrome and NAFLD at a lower BMI. We indeed cited 3 different articles have adopted this subjected and well explained the biochemical mechanisms behind it. References 26-27-28***.**

**Reviewer comment**

Histology section: include all the items to define NAFLD spectrum (from simple steatosis, to steato-hepatitis, to metabolic cirrhosis)

***Author response:***

*We do value the reviewer opinion in regards of the histology characteristics of NAFLD. We tried here after reviewing many papers to include all items of histological changes and appearances in NAFLD and NASH and keeping the flow of the histological details within the main focus of our paper, which is non-obese NAFLD. Please refer to the histology section for further details.*

**Reviewer comment**

Diagnosis section: is necessary to strong improve this part. Infact diagnosis is actually maded by many non-invasive tools (e.g. biomarkers and/or US techniques).

***Author response:***

*We thank our reviewer for his comment. The diagnosis section was expanded with further details with focus on non-invasive diagnostic tools of NAFLD to predict the disease activity and fibrosis*.

**Reviewer comment**

On the treatment, lifestyle changes are the firstline treatment recognized to be efficacy in NAFLD patients (EASL guidelines J Hepatol 2016). However, many new drugs, included antioxidant formulation, are been indicated to be efficacy in these patients (e.g. OCA, silybin)

**Author response:**

*The reviewer input is very well appreciated. We tried in this review to focus on treatment modalities in non-obese NAFLD population. Most of the studies concluded that best outcomes for treatment was associated with life style modification, weight loss and physical exercise. However, we included in our review the role of Vitamin E given established evidence for histological improvement in between NASH population. We will include in out treatment section a dedicated paragraph for Obeticholic acid and its role in NASH treatment that was conducted in a study obtained by Neuschwander Tetri et al. This will be a very valuable addition recommended by your expertise and it will help serving the purpose of discussion great deal.*

*As far as Silybin treatment goes, we were not able to find evidence of this medication was tried in non-obese population. It is well documented in literature usefulness in preserving liver function in chronic liver disease, however we feel respectfully it will not add benefit to the main purpose of the paper*

**Reviewer comment**

Metabolic profile of non-obese NAFLD patients was not reported.

***Author response:***

*We have discussed metabolic features of non-obese NAFLD under “clinical features” section, we gave examples of studies that reported lower prevalence of metabolic syndrome components in non-obese NAFLD, and other studies that reported same or higher prevalence of metabolic syndrome features in this subset of patients, we stressed on the point that intrahepatic triglycerides as well as weight gain appear to play an important role in the development of NAFLD regardless of the body mass index, we will change the headline to “Clinical and metabolic features of non-obese NAFLD”*