

Dear Ms. Qi,

First, we would like to say thank you to the editors and reviewers for the useful comments to improve the paper. We have addressed all the comments as explained below.

1. ANSWERING REVIEWER No.00503228:

"Foreign reported that the prevalence rate of WE was 0.4-2.8%. " It means the prevalence rate of WE was 0.4-2.8% which was reported by researchers abroad. I did not state it clearly. I would like to correct it as "The prevalence rate of WE was reported 0.4-2.8%" with the reference "Galvin, R., et al., EFNS guidelines for diagnosis, therapy and prevention of Wernicke encephalopathy. European Journal of Neurology, 2010. 17(12): p. 1408-1418."

The patient had developed to hepatic encephalopathy before transplantation, characterized by changes of behavior, disorientation, confusion and flapping tremor, the GCS score was 10 (E2V3M5). His blood ammonia returned to normal after transplantation and he became clear in consciousness. His symptoms 2 weeks after transplantation fitted 2 of the triad of Wernicke encephalopathy and the brain MRI suggested Wernicke encephalopathy. His neurologic manifestations were ataxia and memory loss which differed from hepatic encephalopathy. What's more, the thiamin supplement showed great curative effect. So we can definitively diagnose WE after liver transplantation.

For an emergent liver transplantation, he did not receive the brain MRI before transplantation.

He did not have autonomic dysfunction, hypotension or hypothermia. Nor did he have peripheral neurological disorder. But he did have recent memory loss. Pupils were equal and reactive to light. His cardiac and respiratory system worked well.

He received imipenem-cilastin sodium from the surgery to prevent infection. Since he showed no signs of infection, the antibiotic therapy discontinued 10 days after transplantation.

Because of his gastrointestinal disorder and malnutrition, the parental nutrition was given from 3 days before transplantation till 22 days after transplantation. The components were glucose, lipids, amino acids electrolytes and insulin, while the proportion and amount differed in accordance with enteral nutrition status.

His weight was 56.0kg 15days after transplantation while 54.8kg before transplantation, his height was 172cm, his body mass index was then 18.9kg/m².

2. ANSWERING REVIEWER No. 00503243:

Thank you for your positive comment. We have revised the "CASE REPORT" part by adding some details to make it more clear.

3. ANSWERING REVIEWER No. 00504828:

I consent to your comment to cite some studies about bone marrow transplantation and Wernicke encephalopathy in the DISCUSSION part.

I do agree with you that it is necessary to explain the biological effects of Vitamin B1 in general, I would add it in the DISCUSSION part.

I will merge two figures into one and list the pictures before/after treatment side-by-side.

I will re-check my manuscript carefully to follow the formatting instruction provided by the journal and avoid any mistake.

I would like to re-submit this revised manuscript to *World Journal of Gastroenterology*, and hope it is acceptable for publication in the journal.

Looking forward to hearing from you soon.

Yours Sincerely

Ting Li