

Reviewers point by point reply

REVIEWER 1

Reviewer 1: "This is a well written review, however, there has been a lot of review similar to this which was published recently."

Authors: We understand the reviewer point. However we believe that our manuscript has the merit to report current findings starting from the liver condition side. In fact, we focused on type of liver disease at first and then we reported the COVID possible outcomes. Differently from previous publications, we attempted to provide a "liver clinical framework" in which the consequences of this viral infection may recapitulate.

Reviewer 1: "What is the reason why COVID-19 patient typically present as hepatocellular injury rather than cholestatic picture? I do understand why hepatocellular injury occurs, but why not so much on chlestatic injury?"

Authors: This is a very interesting point. Unfortunately, this observation does not have an explanation so far. A preclinical "in vitro" study evaluated COVID interaction with human bile duct organoids. Main results are reported in the text together with the corresponding reference (See page 5 lines 1-5).

REVIEWER 2

Reviewer 2:" In the introduction, "apparatus" is a poor term for organ systems and should be replaced"

Authors: Thanks for the observation. "Apparatus" was changed with "physiological organ systems" (see page 3, line 19).

Reviewer 2:" Delicate subject" is ambiguous because is not clear if the authors are referring to the patient or the topic

Authors: Thanks for suggestion. We changed "delicate subject" with "fragile" (see page 3, line 26).

Reviewer 2:"When the authors say, "hardly beaten", I think they meant the opposite i.e. badly beaten".

Authors: Yes, of course. We changed the sentence as suggested by the reviewer (see page 8, paragraph 3.4, line 5).

Reviewer 2: In the chronic liver disease section, the authors quote expert opinion to avoid steroids in patients with alcoholic hepatitis and COVID-19. This is an important statement because corticosteroids are essentially are only effective treatment for alcoholic hepatitis. Similarly, we know that corticosteroids are commonly given to COVID-19 patients. The authors need to give this statement more discussion. I believe many clinicians would be reluctant to withhold corticosteroids in such a scenario without very strong evidence that it would be harmful. If the authors know of such evidence that should be directly referenced.

Authors: Thank you for this observation. We modified this point since we realize it was not clear in the original version. We completely agree with the reviewer and we revised the manuscript accordingly (see page 6, lines 37-40)

Reviewer 2: There are 2 typographical errors in the Legend to figure 1 concerning the words which and corresponding.

Authors: Many thanks. The type errors were corrected.

Reviewer 2: The authors present new concepts and the conclusion. Instead, this should be moved into the text of their article.

Author: Concepts fitting in other specific paragraphs (drug toxicity, steroids and HBV) were moved as suggested.