

## Answering Reviewers

Reviewer #1:

**Scientific Quality:** Grade C (Good)

**Language Quality:** Grade C (A great deal of language polishing)

**Conclusion:** Minor revision

**Specific Comments to Authors:** The authors reported an interesting case of primary myelofibrosis with thrombophilia as the first symptom combined with thalassemia and Gilbert syndrome. There are a few major issues that should be addressed by the authors before consideration for publication:

----- 1. The authors should explain how their findings make a difference for the readers of the World Journal of Clinical Cases? 2. Improvements to the English language within your manuscript are requested. More minor issues that should be addressed include: 3. Abstract, line 2, the word “regular” doesn’t seem to fit this context. Consider changing it with “regularly” 4. Abstract, line 8, it appears you have attempt to use the intransitive verb “existed” in a passive voice construction. Consider writing the sentence in the active voice. 5. Case report, History, line 7, the spelling of “diarrhea” is a non-American variant. For consistency, consider replacing it with the American English spelling “diarrhea” 6. it seems that “antibody” may not agree in number with other words in this phrase. Consider changing it with “antibodies”.

1. We would like to submit the enclosed manuscript entitled “A case of primary myelofibrosis complicated by hereditary antithrombin deficiency, Gilbert’s syndrome and  $\beta$ -thalassemia with thrombophilia as the first symptom”, which we wish to be considered for publication in “World Journal of Clinical Cases”.

A 46-year-old Han male with no history of personal or family thrombosis first had sigmoid sinus and transverse sinus venous thrombosis at the age of 42. He regularly took warfarin anticoagulant therapy for a long time. At the age of 44, he once again developed thrombosis of the internal hepatic vein, the main portal vein, the splenic vein and some superior mesenteric veins. The spleen was obviously enlarged and he had a history of jaundice for many years. Genetic testing showed heterozygous SERPINC1 mutation, bone marrow biopsy showed fiber grades 1(MF-1), JAK2 V617F mutation was positive, accompanied by UGT1A1 mutation,  $\beta$ -thalassemia gene mutation. I hope this paper is suitable for “World Journal of Clinical Cases”.

2. English grammar errors have been corrected according to the requirements of the reviewer.