Peer reviewer 1:

Question: “Considering that pravastatin is similar to other HMG-CoA reductase inhibitors, this product may increase the levels of alkaline phosphatase and transaminase.”

Answer:

-Statin liver toxicity is a rare event.
- National lipid association statin liver safety task force states that the presence of chronic liver disease or compensated cirrhosis is not a contraindication for the use of statin.
-An in vivo study showed a 50% lower concentration of pravastatin in the liver and 3-6 times higher levels in the peripheral tissues than lovastatin and simvastatin.
- Pravastatin is a hydrophilic agent hence is less toxic than other hydrophobic prodrugs like simvastatin and lovastatin.

Reference:
https://www.sciencedirect.com/science/article/abs/pii/0006291X89927733

Question: “ Pharmacological effects show that liver injury caused by aspirin usually occurs in high-dose applications. This damage is not acute. It is characterized by a few months after treatment and is usually asymptomatic. Some patients have discomfort and tenderness in the upper right of the abdomen. The level of serum hepatocyte enzymes increased, but apparent jaundice was not common. Please describe this part in detail and explain whether the drug effect also affects the patient's liver function?”

Answer:
- The patient was taking aspirin 81 mg as per the medical records
- It was documented that aspirin was started on 5/15/2013 as it was not listed as a drug at the time of admission and was sent with 12 refills upon discharge
- Although higher doses of aspirin are associated with liver injury with elevation in ALT, it may be associated with ALP and bilirubin elevation. Usually, dramatic doses of aspirin 1,800 to 3,200 mg daily with salicylate levels of greater than 25 mg/dl are associated. But lower levels of and lower doses of aspirin can also cause mild to moderate ALT elevation.
- Hepatotoxicity may be associated with nausea, anorexia, and abdominal pain, and signs of hepatic encephalopathy with signs of liver dysfunction. Liver biopsy generally shows minimal injury. **ASA often in lower doses can be continued safely.**
- **Our patient has been taking low-dose aspirin and continued to take aspirin during the hospital course and was not discontinued.**

Reference:
https://www.ncbi.nlm.nih.gov/books/NBK548900/

Question: “The authors described that abdominal Doppler ultrasound (USG) had no fat infiltration or abnormal blood vessels, and the echo was normal. However, the outline, size, density, and internal structure of the liver, spleen, and pancreas seen by abdominal CT are not described in detail. Please supplement it completely.”

Answer: Thank you for the point, we have updated the manuscript. accordingly.

Question: “The result in Figure 1 shows that the AST of the patient decreased significantly on 09/06/17, and although the ALT decreased, it seems to have a trend of recovery. Please explain why?”

Answer: The primary treatment for glycogen hepatopathy is glycemic control. The response on transaminases is almost instant once blood sugars are controlled. On 09/06/17 the patient's glucose was within normal limits and hence the ALT improved at a sign of recovery.

Question: "There are grammatical errors in the manuscript, kindly go through it once again".
Answer: Noted, we have rectified the grammatical errors in the manuscript.

Peer reviewer 2:

Core tip: Glycogen hepatopathy, is a rare entity associated with Type 1 diabetics with poor glycemic control. It presents commonly in obese patients with pain abdomen and elevated transaminases. It is often confused with non-alcoholic fatty liver disease and is a diagnosis of exclusion. Treatment entails intensive glycemic control with resolution in symptoms and LFTs seen in weeks to months. Clinicians must familiarize themselves with this rare occurrence.

The rest of the comments regarding formatting, labeling have been modified in the manuscript submission.