

Dear Editors,

Thank you very much for the careful review and valuable suggestions concerning our manuscript (**73201**) . We have revised the manuscript according to the reviewers' comments. The point-by-point response to the reviewers' evaluation is below. And our revised manuscript will be submitted as soon as possible.

Reviewer #3:

1. The authors should better highlight that NAFLD can arise in craniopharyngioma (CP) even before surgery, and it is likely that in the case described it was present at the time of surgery and then it worsened after resection of the CP in the absence of replacement therapy

Response to comments #1

Thanks very much for your constructive comments. In our case, when craniopharyngioma was found, her liver function and hepatobiliary ultrasound indicated normal, and NAFLD was found 2 years after surgery.

2. It is necessary that they further underline how the literature shows that hormone replacement therapy is necessary even after liver transplantation.

Response to comments #2

We are grateful for your valuable suggestions. In our study, we mention in this article that an 11-year-old Japanese boy developed HPS after pituitary tumor, and then developed NAFLD after liver transplantation at the age of 15, which was improved after growth hormone replacement therapy.

3. Results: Why HCV has not been tested?

Response to comments #3

We are grateful for your valuable suggestions. The most common causes of viral hepatitis are the five hepatotropic viruses, hepatitis A virus (HAV), hepatitis B virus (HBV), hepatitis C virus (HCV), hepatitis D virus (HDV), and hepatitis E virus (HEV). Hepatitis series were normal, including HAV, HBV, HCV, HDV and HEV. We've added.

4. Table 1: please report normal values

Response to comments #4

Thanks very much for your constructive comments. We have added it in the table.

5. In Figure 2 there are no dilated biliary tracts but the left branch of the portal vein so please remove or replace.

Response to comments #5

We are grateful for your valuable suggestions. In Figure 2, we have replaced the image of bile duct dilatation.

6. It would be appropriate for the authors to report the MELD value and in which Child Pugh Class was the patient

Response to comments #6

Thanks very much for your constructive comments. We highlight this part in the case presentation.

7. Discussion: In the discussion the authors state that in the past it was believed that NFLD is associated with insulin resistance then in the next paragraph they write "However, in recent years, it has been found that more and more endocrine diseases, such as polycystic ovary syndrome, hypothalamic hypopituitarism, hypothyroidism, and acanthosis nigricans, can also lead to NAFLD". The two concepts give the impression of being

in contradiction, the authors should better define this concept since most of the diseases they cite (polycystic ovary syndrome, acanthosis nigricans) are related to NAFLD precisely because of insulin resistance.

Response to comments #7

Thanks very much for your constructive comments. we just want to emphasize that there is a growing relationship between the incidence of NAFLD and endocrine diseases. If any ambiguity is caused, it can be deleted.

Reviewer #1:

The name of the manuscript shall include knowledge about craniopharyngioma diagnosis and surgery. English mistakes shall be corrected. Such as A 13 years and six months girl went craniopharyngioma surgery 6 years, 1year later, she exhibited abdominal distension... A 13 years and six months girl underwent craniopharyngioma surgery 6 years ago. One year later, she exhibited abdominal distension Craniopharyngioma surgery is easy to cause hypopituitarism Craniopharyngioma frequently causes hypopituitarism.

Response to comments

Thanks very much for your constructive comments. We highlight this part in the case summary. 6 years ago, the right craniotomy was performed with total resection via corpus callosum approach, and the tumor at the

base was about 3.5*3.5*4.0cm. English mistakes have been corrected.

Reviewer #2:

1.Introduction to be elaborate detailing the background and also include the relevant reference citations.

Response to comments #1

Thanks very much for your constructive comments. The introduction has been supplemented with detailed background ,and also supplemented related references.

2. What were the anthropometrics (height, weight) with respect to age standards?

Response to comments #2

We are grateful for your valuable suggestions. Her height was 141.5cm(-2.5SD), and weight was 41.85kg(-0.5SD).

3. Is the statement valid -"The patient had no history of high blood pressure, diabetes, heart disease, or tumor". The child had undergone Craniopharyngioma surgery before.

Response to comments #3

We are grateful for your valuable suggestions. We have deleted and added

a previous history of craniopharyngioma surgery.

4. The lab results can be better presented in a table format

Response to comments #4

We are grateful for your valuable suggestions. The lab results have been presented in a table format.

5. Relevant details of hormones given to be included

Response to comments #5

Thanks very much for your constructive comments. We have added that in detail in the treatment section.

6. Is the pt O₂ dependent ? ".....currently fluctuates around 92% for low flow nasal catheter oxygen."

Response to comments #6

We are grateful for your valuable suggestions. At present, there is still oxygen dependence, but the oxygen flow is significantly lower than before.

7. What was the protocol for Growth hormone administration (dose, frequency)?

Response to comments #7

We are grateful for your valuable suggestions. We have added that in detail in the treatment section.

8. What are the available options for NAFLD ? Are options like Life style modification / early screening to identify transaminase > 40 valid in post craniopharyngioma surgery?

Response to comments #8

Thanks very much for your constructive comments. Early screening to identify liver function and liver imaging examination are a available options for NAFLD. Life style modification is also important.

9. The point of early identification / intervention is crucial and can be highlighted

Response to comments #9

We are grateful for your valuable suggestions. We have highlighted the point of early identification / intervention is crucial in discussion section.

10. What are the controversies in Growth Hormone therapy?

Response to comments #10

Thanks very much for your constructive comments. It is controversial that growth hormone therapy may lead to tumor recurrence, but there is no

literature to support it at present. Instead, the benefits of treatment outweigh the risks.

Thank you very much for considering our manuscript. We are looking forward to your response. If you have any questions, please do not hesitate to contact me.

Best wishes

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