

Reviewer #1:

1. Abstract. The abstract is well written and detailed.

Thank you very much!

2. More findings on Glycogen storage disease type I or the implication of hypoglycemia, hyperlactacidemia, hyperlipidemia, hyperuricemia upon pregnancy outcome should be detailed in the introduction.

Dear editor, I have added a paragraph in the introduction section to introduce the impact of GSDIa on pregnancy, please check it, thank you!

3. Line 48 the OMIM232200 annotation is important but can be removed from this section for a better readability. I suggest moving this annotation to the “case” section.

Dear editor, the “OMIM232200” annotation have been moved to the “case” section, please check it, thank you!

4. A clear aim should be included at the end of the background section.

A paragraph introducing the aim of this manuscript has been added at the end of the background section:

“In the present report, we here describe a case of a pregnant woman who presented with extreme hyperlipidemia and seizure, who was diagnosed

with GSDIa during treatment and also delivered a healthy baby at 37 weeks of gestation”.

please check it, thank you!

5. Lines 131-133 Hypertriglyceridemia-induced acute pancreatitis often results in inflammogenesis during pregnancy (PMID: 31917686).. An increase in anti-inflammatory factors occurs in order to counteract pregnancy stresses/inflammation, while favoring the maternal immune tolerance toward the fetus, for a successful pregnancy outcome (PMID: 33015055, <https://doi.org/10.3389/fcell.2020.550543>). However, a prolonged inflammation may lead to abortive events. This important information and supporting reference should be, at least briefly, included.

Dear editor, the content you mentioned and related references have been added to the third paragraph of the discussion section, please check it. This part is very important, thank you so much!

6. More supporting references should be included in the discussion

Dear editor, the discussion section has been added 5 references on the basis of the original manuscript, please check it, thank you !

7. Clinical values can be removed from the discussion if already reported in the “case” section, being a redundant information. Lines 118, 129,

Dear editor, the redundant information has been removed, please check, thank you very much!

Reviewer #2:

Specific Comments to Authors: Well written

Dear editor, thank you so much for your affirmation!

Reviewer #3:

Specific Comments to Authors: This manuscript is very interesting and deserves publication. If possible I would recommend adding data on genetics of both parents. Were they both investigated? Was there a recurrence risk for the offspring? I understand that this fetus was not affected but I would like to understand the reproductive risk for future pregnancies. How about Uterine artery Doppler and fetal Dopplers? Were they normal?

Dear editor, it's a pity that neither the parents nor the husband of this patient have done genetic testing. However, we can basically guess their genes: both parents of an affected child are heterozygotes, in each pregnancy, there is a 25% chance of recurrence. It may be possible that her infant is a genetic carrier. This part has been added to the discussion section, please check it, thank you!

Yes, both uterine artery doppler and fetal doppler were normal, but the obstetric ultrasound examination at 24 weeks of gestation have revealed a thickened and sail-shaped placenta, which needs to be closely monitored during the pregnancy.