Journal Editorial Office

Dear Editor,

We would like to resubmit the revised manuscript entitled "The success of the treatment

protocol in a pregnancy with congenital dysfibrinogenemia misdiagnosed as acute fatty liver:

A case report" for consideration by World Journal of Clinical Cases.

We would like to thank the reviewers for thoroughly reviewing our manuscript and making

many thoughtful comments. We were very pleased to see that the reviewers recognized the

novelty and potential significance of our work. We have revised the manuscript to address the

reviewers' comments. The manuscript has been edited by a professional language company.

Thank you for your consideration of our manuscript.

Yours sincerely,

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Comments:

Reviewer #1: This is a confusing case report with no mentioning of laboratory values of LFT

s. Why this patient was diagnosed with Acute fatty liver of pregnancy? what was the criteria

used? Patient has uneventful C section without any major bleeding? Many questions are

unanswered.

Response: We have revised the manuscript according to your opinion. We diagnosed the

patient with acute fatty liver of pregnancy according to the Swansea criteria and NHS

Guidelines [1]. This diagnosis was made after a multidisciplinary discussion based on clinical

symptoms, laboratory findings and imaging. Fortunately, the patient did not experience severe

hemorrhage during the operation.

Reviewer #2: Well written case report.

Response: Thank you very much for your review.

References

[1] Adapted from Ch'ng CL, Morgan M, Hainsworth I, Kingham JG: Prospective study of

liver dysfunction in pregnancy in Southwest Wales. Gut 2002; 51(6):876-80 and NHS

Guidelines: Acute fatty liver of pregnancy guideline (GL780), March 2016. Available at:

http://www.royalberkshire.nhs.uk/Downloads/GPs/GP%20protocols%20and%20guidelines/M

aternity%20Guidelines%20and%20Policies/Medical%20conditions%20and%20complication

s/Acute%20fatty%20liver%20of%20pregnancy_V2.1_GL780.pdf. Accessed February 9,

2018.