

## **Response to reviewers and science editor**

Thank you very much for your useful comments. We revised our manuscript based on your comment and revised parts are shown by red characteristics. Please see the revised manuscript to consider for the acceptance.

### **Reviewer #1:**

A few language corrections: ABSTRACT - Though the number of cases--> Although the number of cases...; acute and former infection--> acute and previous infection...; In general, prognoses are good--> prognosis is good... GENERAL INFORMATION ON AMEBADIC LIVER ABSCESS - The aim of this review to share --> The aim of this review is to share...; also provided the following latest topics--> also providing the following topics... GENERAL INFORMATION ON AMEBIASIS - oral-fecal method--> oral-fecal route... EXAMINATIONS - have HIV infection routine HIV testing--> have HIV infection. Routine HIV testing... PROGNOSIS - Ordinarily, prognoses are favorable--> prognosis is favorable...

----- We corrected all these points. Thank you very much.

Now, I did not quite get the persistence on caudate lobe amebic liver abscess. First, it appears in a rather odd place in GENERAL INFORMATION ON AMEBIC LIVER ABSCESS. Instead, in a different sentence at the end of the paragraph you could comment that caudate lobe amebic abscess is rather common, nevertheless bears a high risk of rupture, or something like that. Then, the issue of the caudate lobe re-appears in TREATMENT, where you suggest that percutaneous treatment could be regarded as a first-line treatment for such abscesses. Literature seems to be conflicting on the topic, with proponents of both percutaneous methods (Yadav et al 2022, doi: 10.1007/s00261-021-03395-z) and laparoscopic drainage (Dhired et al 2019, doi: 10.1016/j.hpb.2019.10.2046). Given the rarity of Amebiasis, the rarity of the complication itself, and the possibility that percutaneous drainage may prove ineffective due to viscosity of the abscess content, catheter dislocation etc, a step-up approach would be advisable in that case.

----- Thank you very much for your comment. We modified and added the sentence to the section of TREATMENT, together with literatures you mentioned in the manuscript.

### **To reviewer #2:**

From my point of view, I think mini-review of any type, is designed as research paper

consisting of (Abstract, introduction, materials and method, graphs, charts, discussion, and conclusion). If this designs study is according to the journal guidelines, it is enough, otherwise it needs major revision.

----- Thank you very much. We reviewed the journal guidelines again and concluded that we don't need revise the structure of this manuscript.

Ethical approval is not taken.

----- Thank you for comment. Verbal and written informed consents were obtained from the patient and her family for submission to this journal.

The case needs minor linguistic revisions.

----- Thank you. We asked our revised manuscript to a professional English language editing company, and we provide a new language certificate along with the manuscript.

**To reviewer #3:**

I feel that the manuscript needs to undergo a major language correction. Also, it lacks focus, coherence and clarity in the present form.

----- Thank you very much for pointing this out. We looked over this manuscript and revised thoroughly. In addition, we asked English native speaker for proofreading again.

There is over and inappropriate use of the cohesive phrases (particularly “on the other hand”) throughout the manuscript. For example, page 5, “On the other hand, hepatitis E virus infection and amebiasis >”.

----- Thank you very much for pointing this out. We looked over this manuscript and revised thoroughly. In addition, we asked English native speaker for proofreading again.

There are several sentences without an appropriate context. For example, page 5, “Amebomas form only rarely as a complication of amebiasis and it may be even less common for>” (this is an uncommon form of amebiasis and therefore should not be discussed with an appropriate context), “the caudate lobe is regarded as a fairly uncommon location for this to occur” (the caudate is an uncommon site, there must be some context before discussing this point).

----- Thank you very much for pointing this out. We looked over this manuscript and revised thoroughly. Concretely, we deleted “the caudate lobe is regarded as a fairly uncommon location for this to occur” on page 5. Also we deleted “Amebomas form only rarely as a complication of amebiasis, and it may be even less common for a

patient to present simultaneously with an ameboma alongside liver abscesses and amebic colitis” on page 5.

There is overemphasis on few points just based of a case report or a case series. For example, “contrast enhanced ultrasound is emerging as a more accurate liver imaging methodology, and it could prove both more accurate than ultrasound and less invasive than CT”.

----- Thank you very much. We looked back the sentence and deleted “but contrast-enhanced ultrasound is emerging as a more accurate liver imaging methodology, and it could prove both more accurate than ultrasound, and less invasive than CT” on page 11.

Authors should use hedging when discussing the association between COVID 19 and ALA. Page 2. “It is more prevalent in younger male patients who have a history of personal travel” (this statement is correct for non-endemic countries. Overall, this disease is prevalent in endemic areas irrespective of travel history).

----- Thank you very much for pointing this out. We deleted these sentences in the section of “PATHOGENESIS”.

**To science editor:**

The manuscript has been peer-reviewed, and it's ready for the first decision.

----- Thank you very much. We revised the manuscript all.