Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: It is a good overview of pediatric liver disease. Please, make it clear which kind of review (systematic? narrative? scoping?) is this. Please check if each reference is correct. I'd found some references that do not match with the content (page 5, Ref 10, page11, ref 56). Please write the noun, not just the abbreviation (page 8, MRS or MRI-PDFF). About CD, I only know about two different phenotypes, NICCD and adult onset CD. Which is the third phenotype? (Page 12) Are you sure cholestatic liver diseases a indication for hepatocyte transplantation? I know acute liver failure and some metabolic diseases (e.a., urea-cycle disease) can be treated by hepatocyte transplantation, but not CLD. I attached the word file with some comments. Please check it carefully. It is a real challenge to summarize all these pediatric liver disease in one article.

Response: We appreciate the reviewer's constructive and helpful comments and suggestions.

Yes, this is a narrative review. We double checked all the references and we correct some errors. The full nouns were used instead of the abbreviations of MRS and MRI-PDFF in the revised version.

According to literature, Citrin deficiency manifests as three phenotypes at different age stages: neonatal intrahepatic cholestasis (NICCD), failure to thrive and dyslipidemia (FTTDCD), and adult-onset type II citrullinemia (CTLN2).

Metabolic basis and treatment of citrin deficiency. J INHERIT METAB DIS. 2021, 10.1002/jimd.12294.

Pathogenic variants of the mitochondrial aspartate/glutamate carrier causing citrin deficiency.TRENDS ENDOCRIN MET. 2022, 10.1016/j.tem.2022.05.002.

About the indication for hepatocyte transplantation, we wanted to say it is an alternative for the CLD arising from inherited metabolic disorders but not for all CLD.

We highlighted it in the revised manuscript.

Reviewer #2:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: Authors summaried the difficulties in diagnosis and treatment of inherited/metabolic liver disease in pediatric patients. My Comments: • Table1 can be omitted. • Most recent guideline of AASLD on WD should br citated; "Schilsky ML, Roberts EA, Bronstein JM, Dhawan A, Hamilton JP, Rivard AM, Washington MK, Weiss KH, Zimbrean PC. A multidisciplinary approach to the diagnosis and management of Wilson disease: 2022 practice guidance on Wilson disease from the American Association for the Study of Liver Diseases. Hepatology. 2022 Sep 23. doi: 10.1002/hep.32801. Epub ahead of print. PMID: 36151586." • As a treatment option for cholestatic liver diseases, obeticholic acid and intestinal bile acid transport (IBAT) inhibitors should be discussed. • Manuscript needs editing for both typos and grammer.

Response: Thank you for your positive advice. We deleted the table and included the guideline of AASLD on WD. We discussed obeticholic acid and intestinal bile acid transport inhibitors in the revised this manuscript based on your comments. The revised manuscript was edited by American Journal Expert.