

Dear editor and reviewers:

we have carefully read your comments and made the following modifications. In the manuscript, we made revisions using revision mode and highlighted the revised content.

The first review's composition comment on the manuscript and my answer

This case report emphasizes the importance of early detection and timely treatment of light chain amyloidosis before it's too late. From this perspective, the case is well-written and demonstrates the significance of early discovery and differentiation. It also highlights the important role and necessary caution in diagnosing this disease through liver biopsy, specifically transjugular liver biopsy. Unfortunately, the patient died, but this case serves as an informative example of the early stages of this disease and potential differential diagnoses.

Answer: Thank you for your recognition of this case report. We will improve the deficiencies.

The second review's composition comment on the manuscript and my answer

1. The abstract is too long. The Background paragraph can be skipped. My suggestion is: A 65-year old woman was admitted with a 3-month history of progressive jaundice and marked hepatomegaly. Initially, based on CT- and angiography, Budd-Chiari syndrome was considered and balloon dilatation of significant hepatic vein stenoses was performed. However, additional diagnostic procedures, including liver biopsy and bone marrow-examination, revealed immunoglobulin kappa light chain amyloidosis with extensive liver involvement and hepatic vascular compression. The disease course was progressive and fatal months after initial presentation of symptoms.

Answer: Yes, we appreciate with your comment and modified the case summary. I am so sorry that we noticed the format requirements of case reports published in World Journal of Gastrointestinal Oncology include Background. Therefore, we have temporarily retained the Background paragraphs.

2. The "Core Tip" paragraph can be skipped.

3. The Introduction paragraph can be skipped. This text should be part of the Discussion. This is a Case report!

Answer: I am so sorry that we noticed the format requirements of case reports published in World Journal of Gastrointestinal Oncology include Core Tip and Introduction. Therefore, we have temporarily retained these two paragraphs.

4. Case Presentation. Is also too long. For instance, Physical examination can be summarized as: Physical examination revealed marked jaundice, cutaneous spider naevi and an enlarged, hard, non-tender liver.

Answer: Yes, I agree with your comment and have simplified the Physical examination section.

Case presentation. Laboratory examinations. Table 1. Electrocardiogram is not a Laboratory test. Only the most relevant findings should be shown in a Table, and this

information should not be repeated in the text. This table should not be too long and should always contain the normal or reference Lab values. In the Table, the following tests are not clear: "Globulose" (??), myocardial enzymes (???which enzymes???). The meaning of (-) is also not clear, probably the authors want to show that the test result was negative. So, the Table and the part of the Case presentation regarding laboratory examinations should be markedly shortened, modified and improved.

Answer: Yes, we appreciate your comment and make the corresponding modification. We have deleted Table 1 and added corresponding data and reference Lab values in the manuscript.

5. Case presentation. Imaging examinations. Electrocardiography is not an imaging procedure. Gastroscopy revealed light esophageal varices. Probably better: small esophageal varices. Further, the classification L mi Do. Rf0 (???) is not clear and very unusual and this should be modified. It seems that CT did not show ascites. This is important information as the patient was initially considered to have Budd-Chiari syndrome, and this condition is almost always associated with marked ascites. So, absence of ascites is an interesting and important feature and this should be mentioned.

Answer: Yes, we agree with your comments. But considering that the electrocardiogram and echocardiography are valuable references for the diagnosis of systemic amyloidosis, these have not been deleted. we have put them together in imaging examinations. According to your suggestion, the description of the gastroscopy has been modified. Regarding your mention of ascites as an important indicator for disease differentiation, it is very meaningful. We have added corresponding content in the discussion section of the manuscript.

6. There is no information on the clinical result of dilatation of the hepatic vein stenoses. Please add this information for the interested reader.

Answer: Yes, we appreciate your thoughtful suggestion and make the corresponding supplements in the treatment and outcome.

7. Treatment and outcome. " After anti-infection and diuretic treatments....". Better: After antibiotic and diuretic treatment ascites resolved completely.

8. Treatment and outcome. "The patient died two weeks after discharge". This information is unsatisfactory. The reader does not know how long the patient was in hospital. It may be preferable to say: The further course of the disease was progressive and the patient eventually diedweeks after the onset of jaundice.

Answer: Thank you very much for your comment. Your description of the patient's condition is more concise and clear, and we have made the corresponding modifications.

Minor comments 1. Title: "Megaliver and" In the medical literature it is much more common to use the term hepatomegaly

Answer: Thank you very much for your comment, we replaced Megaliver with Hepatomegaly.

2. Author DE Zhao Song is listed as an author because he/she performed transjugular biopsy. This suggest that this was the only contribution of this author. In general, such limited contribution to a scientific publication (restricted to patient care) is regarded insufficient to justify authorship of a paper. The editor should also consider this point and make a decision.

Answer: Yes, we agree with your comment, and list the detailed contributions of the author.

3. Discussion. The sentence "A study evaluating the relationship betweenmore common in k-AL patients" is very difficult to read and understand. Please rephrase.

Answer: Yes, we revised the expression of the sentence in the manuscript to make it better understood.

4. Discussion. "overall survival (OS)..." Please avoid abbreviations that occur only two or three times. This is unnecessary and complicates easy, pleasant reading. This also applies to dFLC. It is not clear what this is, it is not explained. Please modify.

Answer: Yes, we agree with your comment and delete the abbreviations occurd only two or three times, such as OS, FLC and dFLC, and provide a detailed explanation for dFLC.

5. Discussion. "...the patient was not followed regularly, causing gradual progression of the disease". Probably the authors mean something else, but the natural course of the disease was characterized by gradual clinical progression, and progression was NOT the result of incomplete or absent follow-up! This sentence should be rephrased.

Answer: Yes, we appreciate your thoughtful suggestion and make the corresponding modifications.

6. Discussion. Conclusion. Again, this paragraph is a repetition of what has already been written and this can be deleted.

Answer: Yes, we appreciate with your comment and there is a significant overlap between the content presented in the conclusion and discussion sections. But I am so sorry that we noticed the format requirements of case reports published in World Journal of Gastrointestinal Oncology include Conclusion. Therefore, we have temporarily retained the paragraph.

7. Figure 1. C. "Coronal Strengthen scanning". This is not clear. Suggestion: Coronal view. Or: Coronal plane.

Answer: Yes, we appreciate your comment and make the corresponding modification.

8. An important message, perhaps the most important message, of this case report is that liver amyloidosis can clinically mimic Budd-Chiari syndrome. This is often referred to as pseudo-Budd-Chiari syndrome. The authors could consider to incorporate the term "pseudo Budd-Chiari syndrome" in the Discussion (and in the list with Key-Words).

Answer: Yes, we incorporate the term "pseudo Budd-Chiari syndrome" in the Discussion and in the list with Key-Words.

9. First page of manuscript: "Xu Z. et al. Non-cirrhotic portal hypertension". Meaning of this sentence is not clear. Non-cirrhotic portal hypertension is a subject not discussed/mentioned in the paper. The significance of this sentence in the manuscript is not clear and this sentence can probably be deleted.

Answer: I am sorry this is an error, we have removed it.

10. In addition to 9, it is more common to include a section with Key Words, e.g. Liver amyloidosis, pseudo-Budd-Chiari syndrome, Hepatomegaly, Jaundice.

Answer: Yes, we appreciate your comment and make the corresponding modification.