

July 6, 2017

*Damian Garcia-Olmo, MD, PhD
Editor-in-Chief
World Journal of Gastroenterology*

Dear Dr Garcia-Olmo,

Thank you for reviewing our manuscript (Manuscript number: 34604), entitled "Acquired amegakaryocytic thrombocytopenia associated with hepatitis C virus infection: A case report" We appreciate the reviewers' insightful comments and questions, which we have addressed in the revised manuscript and have answered in detail below. We hope that the revised manuscript is now acceptable and of interest to your journal's readership.

Sincerely,

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Authors' responses to reviewers

Referee: 1 (Reviewer's code: 00722050)

1) First, I would be interested to see the mechanism proposed in a 3D fashion or in a schema illustrating the proposed pathogenesis.

Response to the reviewer:

Thank you for your helpful comment. We have added a schema of hypothesized pathogenesis of the current case, as depicted in Figure 3.

2) Second, the gene should be sequenced to identify genetic alterations.

Response to the reviewer:

Thank you for this suggestion. We could not perform gene sequencing within two weeks, and therefore, we cannot demonstrate the results. However, we consider that the patient we present in this case study had no specific gene alternation of c-Mpl because a number of megakaryocytes had been preserved in the first bone marrow biopsy.

3) Third, I am puzzled with the four different fashions of the liver carcinoma. It needs some clarification, a table illustrating the combined features and a subject review on this kind of combination.

Response to the reviewer:

Thank you for your comment. We apologize for not being clear. We think that a detailed subtype classification of the liver carcinoma is not important in the pathogenesis of AAMT, in the current case. Therefore, to avoid confusion, we have simply described the lesion as a "combined hepatocellular-cholangiocellular carcinoma" and have deleted figures 2E and 2F.

4) Finally, I did not find a mention of the thyroid examination at the autopsy.

This needs to be addressed, because it is a major issue!

Response to the reviewer:

Thank you for your comment. We have added autopsy findings of the thyroid.

Referee: 2 (Reviewer's code: 02528832)

1) This case is interesting, but the previous diagnosis of ITP is disturbing. Anti thrombopoietin receptor antibodies are well described in this entity, as the authors state, although it is possible that ITP was in fact a misdiagnosis, given the lack of specific changes in the spleen at the time of autopsy. In any case, the title may be misleading: the possible diagnosis of ITP should also appear.

Response to the reviewer:

Thank you for this suggestion. We have altered the title to **“Acquired amegakaryocytic thrombocytopenia previously diagnosed as idiopathic thrombocytopenic purpura in a patient with hepatitis C.”**

Authors' responses to Science Editor

Thank you for your helpful comment. We have modified the manuscript and the reference style in accordance with your comments. In addition, we have ordered language editing and audio file making from a professional English language editing company. Please check the certificate letter and audio file.