

Dear Sir;

Firstly, we would like to thank you for your kind letter and for reviewers' constructive comments concerning our article. These comments are all valuable and helpful for improving our article. All the authors have seriously discussed about all these comments. According to the reviewers' comments, we have tried best to modify our manuscript to meet with the requirements of your journal. In this revised version, changes to our manuscript within the document were all highlighted by using green colored text. Point-by-point responses to the reviewers are listed below this letter.

Reviewer #1:

- 1. Some studies have already shown the percentage of ACE-2 in cholangiocytes and hepatocytes. It would be interesting to quote them.**

Thanks Sir for your constructive comment. We searched the literature and added the needed percentages.

ACE2 receptors are found abundantly in the cholangiocytes (59.7%) as compared with the hepatocytes (2.6%)[6]

- 2. What kind of liver injury are you referring to? Hepatocellular lesion? Cholestatic?**

Thanks for letting us clarify it. We added the type of liver injury as predominantly hepatocellular rather than cholestatic

- 3. This paragraph may not be entirely clear to readers: How can the immune response be impaired by intrahepatic cytotoxic T cells and Kupffer cells?**

We apologize for this, we removed the sentence

- 4. There are already published articles that show the percentage of death in Child-Pugh A, B and C class patients. I recommend mentioning these rates in the course of the discussion**

Thank you so much Sir, we added the rates in the discussion.

In a retrospective multicenter study from China that included 21 patients with COVID-19 and HBV-related liver cirrhosis (Child-Pugh class A, B and C in 16, 3 and 2 cases, respectively) from 16 hospitals, mortalities occurred in patients with Child-Pugh classes A and C (3 (60.0%) and 2 (40.0%), respectively)^[10]. In another multi-national cohort study that included 745 patients from 29 countries by Marjot and colleagues, liver

cirrhosis was present in 386 patients (Child-Pugh class A, B and C in 171 (44%), 124 (32%) and 91 (24%) cases, respectively). They reported that mortality rates significantly increased with worsening of the Child-Pugh score (Child-Pugh class; A 33 (19%), B 44 (35%), and C 46 (51%) patients died). Age, Child-Pugh classes and alcoholic liver disease were the independent factors affecting mortality^[28]. Another study from 13 Asian countries that included 43 patients with liver cirrhosis reported that worsening of the stage of liver disease is associated with more hepatic complications in patients with COVID-19 (P-value<0.05). They found that baseline Child score ≥ 9 is associated with higher mortality [area under the ROC curve 0.94, Hazaed ratio= 19.2 (95% Confidence Interval: 2.3–163.3), p-value< 0.001). The independent factors affecting mortality in their study was rising serum bilirubin and AST/ALT ratio^[29].

5. I did not find this information that decompensation occurs without respiratory symptoms in the referenced article

We are sorry for this mistake, we corrected the reference to be

11- Moon AM, Webb GJ, Aloman C, Armstrong MJ, Cargill T, Dhanasekaran R, Genescà J, Gill US, James TW, Jones PD, Marshall A, Mells G, Perumalswami PV, Qi X, Su F, Ufere NN, Barnes E, Barritt AS, Marjot T. High mortality rates for SARS-CoV-2 infection in patients with pre-existing chronic liver disease and cirrhosis: Preliminary results from an international registry. *J Hepatol.* 2020; 73(3):705-708. [PMID: 32446714, DOI: 10.1016/j.jhep.2020.05.013].

It is mentioned in the last paragraph of this letter to the editor.

6. I recommend inserting the reference of the Egyptian protocol, quoted here.

We apologize for this. We added the reference

7. In relation to whom has an increase in the rate of hepatic encephalopathy been found in your cirrhotic patients? For example: in relation to the world population? the Egyptian population before COVID-19?

This was corrected. We found a rather increased incidence of hepatic encephalopathy in our cirrhotic patients with COVID-19 (23.43%) (The 1-year cumulative incidence of hepatic encephalopathy in liver cirrhosis ranges from 0% to 21%)

13- Elsaid MI, Rustgi VK. Epidemiology of Hepatic Encephalopathy. Clin Liver Dis. 2020; 24(2):157-174. [PMID: 32245524, DOI: 10.1016/j.cld.2020.01.001].

Reviewer

#2:

Dear Author This is a good study highlighting poor outcome in HCV cirrhosis infected with COVID 19. I appreciate the authors for compiling the data as experience from this study shall emphasize the need of early management of this group. Though the sample size is small, but as second/third wave of COVID 19 is already ongoing in many countries, this may help us in future.

Dear Sir, thank you so much. We do appreciate your opinion about our study. We collected all patients presented to the included 6 hospitals with isolated chronic hepatitis C and COVID-19 during the period of the study.

As we excluded other causes of chronic liver diseases, the sample size was smaller than including all causes of chronic liver disease as in the published literature.

We aimed to study the outcome of patients with isolated chronic hepatitis C as the main cause of chronic liver disease in Egypt and one of the main causes in the world.

LANGUAGE QUALITY

Please resolve all language issues in the manuscript based on the peer review report. Please be sure to have a native-English speaker edit the manuscript for grammar, sentence structure, word usage, spelling, capitalization, punctuation, format, and general readability, so that the manuscript's language will meet our direct publishing needs.

We sent the manuscript to a native English speaker to edit it

EDITORIAL OFFICE'S COMMENTS

(1) *Science editor:*

- (1) The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor**

Thanks sir. A PowerPoint file of the figure was added

- (2) The "Article Highlights" section is missing. Please add the "Article Highlights" section at the end of the main text.**

Thanks again, Article Highlights section was added after the conclusion of the article