

## **To Reviewers1**

First, the spelling error about drug names in the discussion section area has been corrected and highlighted in yellow in the revised manuscript.

Second, This article has been polished by a professional English editing company recommended by your magazine.

Third, Thank you very much for your guidance.

## **To Reviewers2**

First, it is clear that it is acute infection on top of chronic. MRI shows Liver cirrhosis, splenomegaly, and portal hypertension, with a maximum diameter of approximately 15mm in the main portal vein (I failed to describe comprehensively in the article, which was my negligence, it has been corrected and highlighted in yellow in the revised manuscript). The patient's liver function showed a severe decrease in albumin and prealbumin, indicating decompensation of liver function. And the patient underwent follow-up examination On March 1, 2023 showed a hardness of 15.7KPa and fat decay of 247dB/m on instantaneous elastic imaging of the liver, even with normal liver function. Above the three points can indicate that the patient has a foundation of liver cirrhosis. The liver biopsy did not show advanced fibrosis, which may be in the acute phase of the disease, with obvious liver cell edema and failure to obtain tissue with advanced fibrosis.

Second, This article has been polished by a professional English editing company recommended by your magazine.

Third, Thank you very much for your guidance.