

Dear editor,

In response to the reviewers comments, I make the following reply:

To reviewer #1,

Specific Comments To Authors: They report that transplantation strategies should be adopted for patients at different stages of renal function, with pre-LT representing a preferable treatment option. It kept in mind that this misdiagnosis is the rarity along with a high degree of heterogeneity of clinical. 3.1 General information and clinical manifestations it should be removed.

Reply:

I have removed the Table 1.

Comments: The discussion includes “ Liver transplantation, as one of the treatments for genetic metabolic diseases, can produce remission or partial remission, and prevents metabolic crises. Since 2013, 232 cases of genetic metabolic diseases have been treated at our liver transplantation center. Some of these diseases included abnormal organic acid metabolism², urea cycle disorder and primary hyperoxaluria (PH), etc. and the surgeries performed included living donor liver transplantation, organ donation after citizen death and cross assisted liver transplantation.^{3, 4} PH is a rare autosomal recessive metabolic disease.⁵ PH leads to a deficiency in liver-specific alanine-glyoxylate aminotransferase (AGT), which then results in endogenous oxalate production, urinary excretion, and even renal dysfunction.⁶ Of the three types of PH, PH1 is the most common, accounting for about 80% of all PH types .^{1, 7} “. I might add into introduction.

Reply: I have added it into introduction.¹

To reviewer #2,

Specific Comments To Authors: The authors have presented a case series of five cases of primary hyperoxaluria treated by liver transplantation. I have following comments regarding the manuscript.

1. Title: Please revise the title. It is not a case report but a case series.

Reply: I have revised the title to a cases series.

2. Results: a. What is the meaning of age of onset? b. Please provide details regarding whether LT and KT were done in same sitting or separate sitting? c. Please mention which liver segments were used for LT in all the patients.

Reply: a.the meaning of age of onset means the first time that patient's relatives first noticed the relevant symptoms.I also annotate this in the article. b. SLKT means LT and KT were done in separate sitting, and I have added the explanation of it in the manuscript. c. The liver segments have been added.

3. Discussion: This section is too elaborate and should be concised.

Reply: I have concised the discussion.

4. There are several grammatical and spelling mistakes throughout the manuscript that should be corrected

Reply: I have sent my revised manuscript to a professional English language editing company to polish the manuscript.

Best regards,

Xin-Yue Wang