

Thanks for this interesting case however i have some comments

1- past history of the patient was not clear whether she had previous attacks of jaundice , itching pain.....

Response: Thank you for your valuable comment. The patient has a history of abdominal pain accompanied by mild jaundice. Although the patient initially did not pay much attention to these symptoms, the pain has persisted, and have begun experiencing nausea. Upon visiting our hospital, the patient did not report any systemic itching. We have added these symptoms to the patient's medical history.

2- after the discontinuation of medication the authors mentioned that she restored azathioprine 0.5 mg you mean 0.5 mg /kg? and steroid 7 mg do you think this dose is adequate for her weight ? please clarify and mention her weight

Response: Thank you for pointing this out. We have re-evaluated the patient's case and medication data. The patient's weight is 61 kg. Initially, the treatment included ursodeoxycholic acid at a dose of 15 mg/kg/day and prednisone orally at 60 mg/day, which was gradually reduced to 20 mg/day for maintenance. However, after discharge, the patient discontinued methylprednisolone due to experiencing tremors and elevated blood pressure, leading to subsequent deterioration in liver function. We are now preparing to modify the patient's treatment plan. Before initiating azathioprine, we conducted genetic testing for the patient's TPMT and NUDT15, both of which were found to be within the normal range. Consequently, we administered a standard dose of azathioprine at 50 mg/day. The patient's medication regimen was adjusted to include ursodeoxycholic acid at 15 mg/kg/day, methylprednisolone at 8 mg/day, and azathioprine at 50 mg/day. This adjustment resulted in an improvement in the patient's liver function. We have incorporated these changes into the text, and we appreciate your corrections.

3- did the biopsy show any features of cirrhosis?

Response: Your valuable comment is greatly appreciated. The biopsy's pathological results indicate mild to moderate interfacial inflammation, consistent with autoimmune hepatitis. The pathological staging is G2-S2, and there are no features of cirrhosis.

4- did the patient have upper GI endoscopy or colonoscopy to exclude PHT and IBD respectively?

Response: Thank you for bringing this to our attention. The patient underwent a painless gastroscopy, which revealed polyps and subsequently underwent biopsy forceps removal. During colonoscopy, multiple polyps in the colon were also identified and subsequently resected. Based on the results of the patient's gastroscopy examination, we can exclude PHT and IBD.

5 - those patients are subjected to multiple relapses i think you should add in discussion the rescue therapy and your plan for long term follow up

Response: Thank you for addressing this issue. This type of case is relatively rare, and as a result, many clinical physicians lack experience, making them prone to missed diagnoses. Patient rescue therapy and follow-up are of utmost importance. It is necessary to explain to the patient that after discharge, they should focus on rest, avoid fatigue, maintain a light and easily digestible diet, ensure adequate nutrition, and strictly avoid any medications that may harm the liver. After discharge, the patient should continue taking medication as prescribed by the doctor, which includes orally taking methylprednisolone (2 tablets of 8mg each) per day and one tablet of azathioprine (50mg) per day. Additionally, for patients with hypertension, irbesartan should be continued to control blood pressure, and blood pressure fluctuations should be monitored closely. If blood pressure control is inadequate, seeking medical attention at a hypertensive clinic is advised. During the course of medication, patients must schedule regular visits to the liver disease clinic every 3 months for follow-up to monitor their physical condition. Currently, the patient is still under follow-up, and the treatment effect has been positive. We have incorporated the above information into the discussion section. Once again, thank you for your valuable reminders.