

Point to Point Reply

Dear Editor-in-Chief and reviewer:

Thank you for comments on our manuscript. As the reviewers suggested, we have addressed the comments and reported the lines containing the amendments in the reply.

Yours sincerely,
Wen Ji

Replies to Reviewer #1:

1) Torii N et al. reported a similar case that a young man with hypopituitarism was diagnosed with HPS secondary to steatohepatitis and hormone-replacement improved the pathological and clinical conditions of HPS. So the similarities and differences of these cases should be mentioned in Discussion.

Answer: We have mentioned the comparison in Discussion(line 194-212). Torii N et al. reported a similar case to confirm amelioration of MAFLD by liver biopsy and FIB-4 index^[15]. They believe that hormone imbalance influences the occurrence of HPS. However, repeated liver puncture is not suitable for detecting liver condition in patients with long-term follow-up. We evaluated liver fibrosis synthetically and non-invasively by FIB-4 index, serum HA, PIIINP, CIV and ultrasound. We also probed into effect of GH, IGF-1 and testosterone on HPS by literature review.

2) The authors showed changes of portal vein diameter measured by ultrasound as evidence of cirrhosis improvement (1.7cm to 1.6cm to 1.5cm). However, the change was so small and was easily influenced by inter-observer error. Hence, the portal vein diameter may not be used to evaluate the therapeutic effect.

Answer: Yes, you're exactly right. We have deleted the panel III about portal vein in figure 2; instead we just report the changes of portal vein diameter in words to indicate the progression-free portal hypertension (line 155-156).

3) Since HBV infection is the most common cause of cirrhosis in China, the result of hepatitis B serologic testing should be shown.

Answer: We showed the results in table 1.

4) Are there any imaging findings or pathological findings of diffuse fatty infiltration in the liver?

Answer: Figure 1.D showed ultrasonic examination of diffuse fatty liver.

5) Figure 2 Panel II is so unclear. Please clarify the titles of y-axes. Table 1: PT, APTT, INR are not Respiratory data.

Answer: We have replaced figure 2 Panel II and I with more clear ones. The right Y-axis is FIB4 index, and the left Y-axis shows the intrapulmonary shunt ratio in percentage items, PO₂ and SaO₂ in mmHg units. The coagulation function indexes were deleted from Table1 and clarified in line 126-128.

6) Table 1 and Table 2: Full names of abbreviations should be presented.

Answer: The abbreviations are annotated under the corresponding tables.

7) CARE checklist: It is “Line/Page” instead of “Page/Line”.

Answer: Yes, we fill out and submit the new CARE checklist.

Reply to Science Editor:

1) The authors did not provide the approved grant application form(s). Please upload the approved grant application form(s) or funding agency copy of any approval document(s).

Answer: We have provided the four pieces of funding materials as the approval documents.

2) 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.

Answer: We have provided the original figure documents in the ppt form which was submitted to the file destination of “Image File”.