

Dear Reviewer,

Thank you very much for your valuable review. Below are my point to point answers for your questions. In my revised manuscript, I made necessary changes in correspondence part.

(1)Figure 1B - The MRI image provided is an axial section, not coronal. Kindly make the necessary correction.

Thank you for your advice. We made the correction in Figure 1B.

(2)Lines 118-120, Symmetrical hyperintensity of Globus pallidus on T1-weighted sequence does not necessarily mean kernicterus. Kindly include a differential diagnosis of such imaging appearances in neonates in the discussion section.

Thank you for your advice. We have added differential diagnosis in the discussion section. The added part was mentioned as follows.

Our patient's serum total bilirubin raised higher than 400 $\mu\text{mol} / \text{L}$ within 24 hours after birth and lasted for a long time which suggests the high risk of kernicterus. Afterwards his brain MRI results showed symmetrical hyperintensity of Globus pallidus on T1-weighted sequence. Although the symmetric hyperintensity of Globus pallidus on T1-weighted (T1WI) in neonates can be seen in "a transient hyperintensity" or other diseases including cerebral injury, hypoproteinemia, premature delivery, apnea, purulent meningitis, sepsis, and etc. The patient did not appear the above illnesses.

(3)Including a short note on future perspectives of *ANK1* gene sequencing in neonates with hereditary spherocytosis towards the end of discussion section will bring completeness to this manuscript.

Thank you for your kindly advice. We have added the short note at the end of discussion section.