Round-1

Dear Editor

We are thankful to the reviewers and the Editors for pointing out some important modifications needed in this report. We have thoughtfully considered these comments. In the following pages, the explanation of what the reviewers' concerns is given point by point.

Comments:

1. ATP6AP1-CDG is very rare and the authors demonstrate that the present case is the first report in East Asia; however, 18 cases with ATP6APA-CDG have and 6 cases with c.1036G>A mutation have been reported in the world wide. Thus, I'm afraid that there is a lack of novelty in this manuscript. The authors should present novelty other than that this case is the first report in East Asia countries.

Answer: In the discussion part of the article, we mentioned that there was one article reported prenatal abnormalities of amniotic fluid methemoglobin and acetylcholinesterase in the mother of two ATP6AP1-CDG infants, and one mother of patient with CDG-1h also had the same symptoms of oligohydramnios as reported in our case. At present, there is a lack of prenatal description of ATP6AP1-CDG fetus and the mothers' prenatal abnormalities, so we raise this new issue that clinicians may need to focus on and investigate further.

2. The authors should describe the clinical information in more detail. How did transaminase and ammonia levels decrease after treatment? The authors should indicate blood examinations in details. Platelet counts, fibrosis marker (type IV collagen 7S and M2BPGi), LDH, PT%, albumin, ChE, T-Cho, ALP, and GGT…

Answer: Some of the patient's blood test indicators have been supplemented in Table 1. Sorry we didn't test the fibrosis marker in this patient.

3. The author should present the images of hepatosplenomegaly (US or CT) which is an important manifestation in patients with c.1036G>A mutation type.

Answer: The child was admitted to our hospital with an ultrasound of other hospitals indicating hepatosplenomegaly. After admission, the liver and spleen were palpable under the ribs on the doctor's physical examination, but during the ultrasound review at our hospital, the child cried and did not cooperate, resulting in a discrepancy between the ultrasound results in our hospital and those in other hospitals (2.96 cm below the ribs for the liver and not under the ribs for the spleen on our ultrasound), so may I ask whether the ultrasound images still need to be submitted?

4. In Table 2, the abbreviation is incorrect regarding "CL".

Answer: CL is the abbreviations of cutis laxa. The rewriting format is based on the previously published literature.

Round-2

Dear Editor

Thanks again for the suggestions, we have improved the article according to the comments.

Comment: The authors well responded to reviewer's comments; however, I request again as follows. Although some blood examinations were added in Table 1, the authors did not indicate the transaminase levels and ammonia levels after treatment. I request detailed values again.

Answer: Since August 2020, the patient has not been able to undergo blood sampling for follow-up in our outpatient clinic, his parents reported that the child has been in good condition according to the telephone consultation. The details of the multiple follow-up examinations are shown in the table below.

The transaminase results when patient was discharged are attached to the treatment part of this article, which was modified as follows:

Referring to the literature, there was no effective treatment for the disease. During hospitalization, the patient was given reduced glutathione to protect the liver. He was also given ornithine and aspartate to lower the blood ammonia symptomatically. After treatment, transaminases levels were lower than the those at the time of admission (ALT 120U/L, AST 140U/L) and the child was generally doing well, so the parents requested his discharge.

Results of several follow-up examinations and treatment of this patient

Age	ALT	AST	IgG	IgA	IgM	Blood ammonia	Treatment
8mo	213	242	4.2	1.3	0.54	181	Glutathione, ursodeoxycholic acid, ornithine and aspartate
9mo	202	332	3.5	0.1	0.16	74	Glutathione, compound glycyrrhizin
11mo	388	515	-	-	-	-	Glutathione, compound glycyrrhizin
12mo	167	111	3.12	0.37	0.36	142	Glutathione, compound glycyrrhizin, ornithine and aspartate
19mo	128	196	2.16	0.32	0.09	95	Bicyclol, compound glycyrrhizin

We checked the uploaded files and there was an error in the image file (the

pictures of father and mother should be the same).

We hope that these changes fulfill the requirements to make the manuscript acceptable for publication in World Journal of Clinical Cases.
Looking forward to hearing from you soon.

Sincerely,
Xia Yang on behalf of the authors.

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