

Response to the comments of Reviewer #1

Comment 1: About 1 wk after admission, the proximal skin of the thir to fifth fingers - correct thir to third.

Response: Thanks for this suggestion. We have corrected the spelling error.

Comment 2: Figures - the normal platelet count is 150.000 - 450.000 not 100.000.

Response: Thanks for your suggestion. We have revised the normal platelet count as 150-450k/ μ L in Figure 2.

Comment 3: Thrombocytopenia might have also occurred in the context of hepatitis B virus infection.

Response: Thank you for this insightful comment. As you pointed out, platelet count might have changed with the progression of various forms of liver diseases, including those caused by HBV. Meanwhile, we have also noticed that there are different viewpoints from previous studies. For instance, Nwokediuko *et al.* indicated that there was no statistically significant difference in the mean platelet count in the patients with HBV-related liver disease as a whole and control subjects. Therefore, we tended to be cautious about the connection between thrombocytopenia and hepatitis B virus infection in our case analysis.

(Reference: Nwokediuko SC, Ibegbulam O. Quantitative Platelet Abnormalities in Patients with Hepatitis B Virus-Related Liver Disease. *Gastroenterology Res.* 2009; 2:344-349.)

Comment 4: There are definitely more reports of paraneoplastic syndromes in HCC. Use the following key to search in PubMed/MEDLINE: <https://www.ncbi.nlm.nih.gov/> paraneoplastic* AND (hepatocellular* OR "liver cancer" OR "liver malignancy") Add a table summarizing the paraneoplastic syndromes identified and briefly review them.

Response: Thank you for this important point. We added a table to summarize the reported cases of paraneoplastic syndromes and briefly reviewed them in the revised manuscript. Paraneoplastic syndromes of HCC are not uncommon. While the reported cases of paraneoplastic syndromes are diverse, they can be grouped into six categories: hematologic syndromes, rheumatologic syndromes, dermatologic syndromes, endocrine syndromes, neurologic/neuropsychiatric syndromes, and miscellaneous syndromes. These contents expand the depth and breadth of this article. Details can be found in Table 2.

Comment 5: It would be better to add the lab values in the table as well.

Response: Thanks for your suggestion. We added a table summarizing the main laboratory values in the present case. Details are shown in Table 1.

Comment 6: Did the patient have vitamin D deficiency? Vitamin D deficiency has been linked to the development of HCC. Use the following key to search in PubMed/Medline for references: <https://www.ncbi.nlm.nih.gov/> ("serum vitamin D" and "liver cancer")

Response: Thanks for your suggestion. Vitamin D deficiency is reported to be related to the development of HCC. Unfortunately, our patient did not undergo vitamin-related examinations, thus it is not clear whether this patient suffered from vitamin D deficiency. We will attach great importance to similar cases in the future.

Response to the comments of company Editor-in-Chief

Comment: I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office' s comments and the Criteria for Manuscript Revision by Authors. 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.

Response: We appreciate your interest in our case report. We have revised the manuscript according to the peer reviews and your requirements. The original figure documents have now been provided and prepared following your technical guidelines.