

Dear Editors and reviewers,

Thank you for the opportunity to revise our manuscript. Please find enclosed the revised version of our manuscript.

We are grateful to the reviewers for their constructive critique and positive comments of our work. In response, we have incorporated all the suggestions and revised the manuscript accordingly. As such, we believe that the manuscript is significantly strengthened and we hope that you would accept our manuscript for publication in World journal of Gastroenterology. The corrections are highlighted in the manuscript for your easy reference.

Please find below a point by point response to each of the reviewers' comments.

Reviewer 1:

Obesity is a major problem. bariatric surgery has been shown to improve obesity related diseases to some extent. non-alcoholic steatohepatitis (NASH). NASH is characterised by hepatocellular injury, innate immune cell-mediated inflammation and progressive liver fibrosis. The mechanisms whereby hepatic inflammation occurs in NASH remain incompletely understood Therefore it would be of interest, if in all (or proportion) of patients NAFLD was the cause of liver disease if one argue that bariatric surgery improves obesity related diseases, one could speculate that long term liver disease severity should improve - or there was a stop of a liver detonating process.

Response:

We would like to thank the reviewer for the time and effort to provide constructive criticism for this work. The reviewer is correct in highlighting the above comments.

Reviewer2:

The review written by Goh GB et al. describes the bariatric surgery for the treatment of NASH, especially with liver cirrhosis. The possible benefits, risks and complications related with the surgery in patients with NASH cirrhosis are summarized. The review is well written and comprehensively summarizes the current understanding of the role of bariatric surgery in the management of NASH. However, the indication of the surgery for the treatment of NASH cirrhosis should be discussed, since surgery is a quite invasive procedure and effective conservative therapies have been reported. In addition, adverse effects on protein metabolism by the surgery should be discussed especially in patients with cirrhosis, because cirrhotic patients need adequate protein intake for the recovery from protein malnutrition usually observed in those patients.

Response:

We thank the reviewer for recognising the value of our work. The reviewer has also made some astute inputs which we have incorporated into our revised manuscript under page 3, Consideration of liver factors: severity of cirrhosis and page 5, Impact of bariatric surgery on the liver.