

## Answering Reviewers

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**Journal:** World Journal of Gastroenterology

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**Title:** " COVID-19 and hepatic injury: Diversity and risk assessment"

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We would like to thank the editors and the reviewers for their precious time and thoughtful review of the manuscript. They raise important issues, and their inputs are very helpful for improving the manuscript. We agree with almost all their comments, and we have carefully modified the manuscript accordingly, and the detailed corrections are listed below point by point. (The reviewer comments were made in *Italic*)

**Reviewer 1# 05455317:**

*The authors come up with a comprehensive review of COVID in a Gastroenterology journal, with an attempt at its role in hepatic surgeries. The review was comprehensive and well-taken but certain areas need to be fine-tuned and polished I have tracked changes in the attachment for the authors to check.*

**Response:** Based on the raised comment, all the tracked changes in the attachment file were corrected as the reviewer recommended.

*There is very limited attention given to gastroenterology except for viral counts the authors discuss subtly. There must be a specific challenge on GE implications in covid.*

**Response:** Based on the raised comment, we added more relative information regarding gastroenterology basis as the reviewer recommended.

*Figure 1 is very poor and there is no role of mitochondria that were discussed which the authors may discuss.*

**Response:** Based on the raised comment, a new figure was supplied containing more details.

*Page 2 and 3: Some of the sections of the manuscript coalesce with an article enlisted here: [https://www.researchgate.net/publication/358167397\\_Covid\\_19\\_1](https://www.researchgate.net/publication/358167397_Covid_19_1)*

**Response:** It was modified as the reviewer recommended.

Page 6: or VEGF Alpha? pl elaborate the table and URLs may have last accessed dates

**Response:** It was corrected as the reviewer recommended.

**Reviewer 2 # 03307766:**

*“With an increase in COVID-19 prevalence and mortality rate, as of 14 August 2022, the WHO reported that over 587 million people infected by SARS-COV-2 were confirmed including over 6 million cases of death.” Is this information appropriate for this section? Moreover, it is not linked to any reference.*

**Response:** Based on the raised, we added the reference in the manuscript; additionally, the rapid diagnosis means better outcomes; therefore, we are shedding the light on the challenge facing the diagnosis process to provide a rapid and accurate test.

*“Lymphocytopenia increased C reactive protein and raised erythrocyte sedimentation rate were the laboratory results that were most consistent with COVID-19. Necrosis or apoptosis of lymphocytes causes lymphocytopenia. The severity of COVID-19 is reflected in the degree of lymphocytopenia. In most documented pediatric cases, procalcitonin was often high and linked to coinfection [39].” It is not clear what the authors mean by saying that*

**Response:** We removed the misunderstanding and rewrote the paragraph by adding several studies to confirm the idea.

*RISK FACTORS –*

*“According to a systematic review of 28 research,...” Actually, the authors linked this statement to three references. One or more systematic reviews? Please, clarify.*

**Response:** we are using more than 28 systematic reviews and original research to collect the data related to this point. Furthermore, we try to remove misunderstandings and delete these words.

*- “Finally, according to preliminary findings on co-infection with COVID-19 and other viruses, the prognosis of patients with SARS-CoV-2 does not appear to be worsened by persistent HBV infection, [33].”*

**Response:** Based on the raised comment, it was amended in the revised manuscript.

*Actually, a very recent systematic review is not completely consistent with this sentence (Dig Dis Sci. 2022 Sep 9;1-17. doi: 10.1007/s10620-022-07687-2).*

**Response:** Based on the raised comment, it was amended in the revised manuscript.

I responded to all the remained reviewer comments and the required changes have been made in the manuscript. Notably, in the second round of revision, the reviewer accept all corrections except one answer "As regards, C-reactive protein some authors have recently reported that pediatric COVID-19 pneumonia is even higher than non-COVID-19 pneumonia, which further support the more accentuated inflammatory reaction caused by this virus, even in children who develop milder forms than adults, in general (as discussed in “Comparison between SARS-CoV-2 positive and negative pneumonia in children: A retrospective analysis at the beginning of the pandemic”). However, another study showed an opposite result (“Comparison of pneumonia features in children caused by SARS-CoV-2 and other viral respiratory pathogens”). These conflicting points should be further discussed by taking advantage of this available literature" we explained this point in the attached revised manuscript file. Thank you Fares E.M. Ali