

Addressing Reviewer ID: 05814543

MAJOR COMMENTS

1. Changed “polymicrobial bacteria” to “Polymicrobial Gram-negative anaerobic bacteremia” and indicated the update of resistant aminopenicillin + beta-lactamase inhibitor.
2. Changed “high intensity heparin drip” with “therapeutic heparin drip”.
3. Added duration of the hospitalization to the case.
4. Was never check on repeat if the portal vein thrombus resolved itself.
5. Discussion: Altered the inflammatory definition of venous thrombosis to “thrombophlebitis is characterized by a venous inflammation accompanied by venous thrombosis”. Additionally, correlated our clinical case with Lemierre syndrome as well with correlations in the possible pathophysiology.
6. Discussion: In the sentence “Pylephlebitis typically occurs in response to an abdominal inflammatory process that results in uncontrolled infection in the regions adjacent or draining into the portal venous system” changed to “Pylephlebitis typically occurs in response to an abdominal inflammatory process that results in uncontrolled infection in the regions adjacent or draining into the portal venous system, most often caused by Gram-negative anaerobic bacteria” and altered our reference in the article as well.
7. Discussion: Commented on the pathophysiologic condition relating inflammation to pulmonary emboli and migration from large to small vessel occlusion for the possibility of migration through hepatic veins through the smaller vessels along with other purported mechanisms of several small thrombi into the “larger portal veins”; that is, the emboli are supposed to stop in vessels of higher caliber. Related this mechanism akin to those with COVID-19 patients with systemic microemboli that create endothelial damage in larger vessels.
8. Discussion. Included citation regarding broader problem of anticoagulation in septic thrombophlebitis.
9. Discussion. Wrote out portal vein thrombosis instead of PVT.

MINOR COMMENTS a) Made non proper nouns into lowercase

b) Abstract: Changed “labs” to “laboratory tests”

c) Abstract: Added hyphen to new-onset liver failure

d) Introduction: Changed ALF definition

e) Case presentation: Added Celsius to the temperature

f) Case presentation. Changed “Additional infectious workup” to “Additional investigations for a source of infection”.

g) Case presentation: Changed infectious to infective

h) Case presentation: Changed “hypercoagulable risk factors” to “risk factors for hypercoagulability”

Addressing Reviewer ID: 00051081

1- Reference style revised by the publishing company

2- This was not a report on hepatic amebic disease causing liver failure would not include the amebic disease reference.

3- Included possible hepatic vascular abnormalities in the pathophysiology

4- Included in the discussion the correlate with Lemeirres disease with the same bacteria and thrombotic disease associated with Fusobacterium. Similar to inclusion above.