BAISHIDENG PUBLISHING GROUP INC
8226 Regency Drive, Pleasanton, CA 94588, USA
Telephone: +1-925-223-8242 Fax: +1-925-223-8243
E-mail: bpgoffice@wjgnet.com http://www.wjgnet.com

Name of Journal: *World Journal of Hepatology*

ESPS Manuscript No. 22908

Manuscript Type: CASE REPORT

REVIEWER 1.

COMMENTS TO AUTHORS

Immunohistochemistry of liver amyloidosis is recommended for reader.

Response: We appreciate the concern of the reviewer 1 . We have incorporated details about the spectrum of immunohistochemistry patterns in cases of liver amyloidosis in the discussion part of the manuscript.

Page no. 9

Line no. 242-250

REVIEWER 2:

COMMENTS TO AUTHOR

Thanks for the invitation. It is a good job that can be published in its prestigious journal.

Response: We appreciate and thank reviewer 2 for his comments and encouragement for publishing the manuscript in this prestigious journal.

REVIEWER 3.

COMMENTS TO AUTHORS

Nice paper concerning a rare case of isolate liver involmente in amylodosis Please review in deatil

English language.

Response: We appreciate and thank reviewer 3 for his comments regarding the manuscript. The case report has been revised and updated in detail English language accordingly.

REVIEWR 4:

COMMENTS TO AUTHORS

Minor concern occur; 1- Readers may want to know the aspartate aminotransferase and alanine aminotransferase values of the patient.

Response: We thank the reviewer for reviewing our manuscript and recommending the manuscript for priority publication.We have updated the values of aspartate aminotransferases and alanine aminotransfereses levels of the patient as suggested by the reviewer in the revised manuscript.

Page no. 6

Line no. 141-144

REVIEWER 5:

COMMENTS TO AUTHORS

Although the case is interesting, its presentation is too confusing. This case has the features of Primary Hepatic Amyloidosis and therefore should be presented as PHA and not as "Isolated Hepatic Amyloidosis", which term is not existent. Therefore, I suggest the authors to re-wright the case under the title of Primary hepatic amyloidosis: case report and review of the literature .

Response: We thank the reviewer for reviewing our manuscript and appreciate the suggestion made by him. We have changed the title of the manuscript from "Isolated Hepatic Amyloidosis: A case report and review of literature" to " Primary Hepatic Amyloidosis; A case report and review of literature". The presentation of the case in the case report part of the manuscript has been simplified and clarified accordingly.

REVIEWER 6:

COMMENTS TO AUTHORS

This is a well written interesting case report of a 42 years old woman with isolated hepatic amyloidosis.

Q1) My main issue as regards this case is whether the amyloidosis is indeed isolated or the patient suffered from a systemic disease. For example, the authors report that "there was history of non-cholestatic jaundice two times in past. She was hypothyroid on supplementation since 2 years" (page 4). Is the jaundice and/or hypothyroidism irrelevant to liver amyloidosis?

Q2) Moreover, what was the cause of splenomegaly?

Q3) What was the type of amyloidosis according to the authors' opinion? Primary, secondary or a new one?

Q4) Minor issues -there are some grammatical errors (hepotocyte atrophy-page 7, like lysosmal forms -page 8) - I suggest to explain acronyms (ESR, USG abdomen, CECT thorax, MELD points) - English need to be edited (for example "There was no evidence of primary amyloidosis as bone marrow examination was normal with normal serum and urine immunofixation electrophoresis") –

Q5) Was this patient followed-up? For how long? Did colchichine work? What was the outcome?

Response:

We thank the reviewer for his comments and suggestions regarding the manuscript.

A1- The amyloidosis was indeed isolated . The detailed past medical records suggested that past episodes of jaundice were due to acute viral hepatitis which resolved without complications. Ultrasonography and Fine needle aspiration cytology from the thyroid gland was done which was suggestive of colloid goiter without any evidence of any evidence of amyloid deposit.

Page no. 5 and 7

Line no. 132-134 and 169-170

Thanking you

Corresponding author

Dr. Nikhil Sonthalia,
Senior Resident,
Department of Gastroenterology,
Topiwala National Medical College
Dr. A.L Nair Road, Mumbai- 400 008
Mumbai,Maharashtra, India.
Email id: nikhil_zenith@yahoo.co.in