**Response: It was corrected.**

Dear prof dr: Salem Y Mohamed

Thank you very much for your help and support.

 We appreciated your outstanding efforts during the evaluation of our research, which added too much to our knowledge; we will do our best to respond to the reviewer's comments. All the changes were made in the text by highlighting the yellow color.

**Much Obliged**

***Reviewer 1:***

1-In an engaging, non-sophisticated way, you try to find a non-invasive method to assess the severity of MAFLD by platelet indices and RDW.

2-It is known that diminished erythropoiesis due to free radicals from an ongoing inflammatory state associated with MAFLD will increase RDW. Still, RDW is affected by iron and vb12 levels closely related to erythropoiesis and will affect RDW. So, you need to assess iron and vB12 levels as they are confounding factors that can affect RDW.

**Response: Thank you for these valuable comments, which helped us improve our manuscript. This was clarified in the manuscript in the exclusion criteria.**RDW is affected by all types of anemia, microcytic or macrocytic, especially iron deficiency and Vit B12 deficiency, and we excluded them from our study by CBC, which can differentiate between types of anemia.

3-Regarding platelet indices, you need to explain the proposed mechanism. The inflammatory state created in MAFLD associated with diminished thrombopoiesis results in an increase in MPV. This altered platelet is called the pro-inflammatory phenotype that enhances sinusoidal endothelial leucocyte recruitment, leading to the propagation of the inflammatory process in MAFLD.

**Response: We greatly thank the reviewer for these encouraging comments and critiques. We updated the manuscript according to the reviewers' recommendations. Thank you for these valuable comments, which helped us improve our manuscript.**

 The mechanism was added.

4-You need to add RPR indices that measure RDW to platelet count, a known parameter investigated, before adding to your results for more validation, which will cost nothing.

**Response:**  we added RPR to the results and discussion.

5-You say that a fibro scan is costly. Why don't you use well-known non-invasive parameters to assess the severity of MAFLD, like FIB4 and APRI, and compare the results from these scores with fibro scan results to investigate their accuracy?

**Response:**  FIB4 and APRI scores have poor performance for the intermediate fibrosis stage, have false positive results, and are associated with “indeterminate” range scores in 30–50% of patients, representing a significant limitation and requirement for secondary diagnostic tests related to “indeterminate” range scores in 30–50% of patients, representing a significant limitation and requirement for secondary diagnostic tests. Conversely, fibroscan is a simple, non-invasive method that can detect the degree of steatosis and fibrosis.

***Reviewer 2: (MS)***

Check the uploaded file.

**Response: Thank you for these valuable comments, which helped us improve our manuscript.**: **Response:**  the mistakes were corrected and highlighted.

***Reviewer3: (AF)***

accept.

‎***Editor Comments to Author:***

1. Please check the author names and affiliations included on your Title Page, mainly that the spelling of all authors' names is correct. They are cited in the order you wish them to appear in the final article. In addition, each author's affiliation details are correct.

Response: It was corrected.

2. Please include a 'Structured Abstract': not more than 250 words, broken down into, i.e., Aims, Patients & Methods/Materials & Methods, Results, and Conclusions. For authors presenting the results of clinical trials, the guidelines recommended by CONSORT should be followed when writing the abstract (<http://www.consort-statement.org/>), and the clinical trial registration number should be included at the end of the abstract, where available. **Response: It was corrected.**

3. Please include up to 10 keywords in your revised manuscript (including the four keywords you selected as part of the submission process). **Response: It was corrected.**

4. Please amend the references per the author's guidelines. **Response: It was corrected.**

a. References should be numerically listed in the reference section in the order they occur in the text.

b. References should appear as a number, i.e., [1, 2] in the text.

c. References should cite three authors et al.: It is our house style to list a maximum of six authors, and if there is more than this, three authors et al.

5. Please ensure all tables and boxes are titled and cited in the text. Three-line tables are preferred. **Response: It was corrected.**

6. Please check the PDF file of your manuscript regarding plagiarism checking. **Response: It was corrected.**

7. Please add the scale bar, annotations, magnifications, and program that generated these figures. Also, it is better to submit figures with high resolution and brightness. **Response: It was corrected.**