**Response to editor/reviewer comments regarding manuscript NO. AJGH-2407-1057**

Dear editor-in-chief,

Thanks a lot for considering my manuscript for publication in your valuable journal. Response to editor/reviewer comments were included. Modification in response to your comments was highlighted in text.

Thanks in advance

Corresponding author

**Response to reviewer 1:**

**I wonder why you don't use the noninvasive laboratory parameters to diagnose and assess NAFLD. It's worth noting that relying solely on ultrasound findings may not be sufficient. The inclusion of elastography could provide a more comprehensive assessment of NAFLD.**

This is a good point to be considered. We used ultrasound because it is widely available in routine clinical practice, non-invasive and easily applicable. Not all physicians have the skill and/or competence of transient elastography and magnetic resonance elastography is not widely available.

**The relationship between NAFLD and H. Pylori, for which you rely on serology for diagnosis, needs further assessment regarding the benefit of this finding and its clinical implications.**

Our finding shows the association between H. pylori infection and NAFLD. This may have clinical significance, further prospective studies are needed to show whether screening patients with NAFLD for H. pylori infection is clinically useful at diagnosis and whether early eradication of infection may retard NAFLD progression.

**Response to reviewer 2:**

**26,27 a significantly higher number of patients with positive H It is better to say (a considerably higher value of h pylori infection)**

This was corrected and highlighted in the associated manuscript file.

**62,63 were further subdivided into three subgroups based on the severity of NAFLD by ultrasound (US) What are the three subgroups?**

Grade 1, grade 2 and grade 3. These were added and highlighted in text and details are mentioned in page 3 (last section)

**106 IR was assessed using the homeostatic model assessment for insulin resistance (HOMA-IR) What is the equation?**

HOMA-IR is calculated as [Fasting Insulin (μg/ml)]\*[Fasting Glucose (mmol/l)]/22.5. To convert to non-SI units: Insulin: pmol/L to uIU/mL, divide by 6, Glucose: mmol/L to mg/dL, multiply by 18 (reference 19). This was added and highlighted in text.

**136 WHR What is meant by?**

The waist–hip ratio or waist-to-hip ratio (WHR) is the [dimensionless](https://en.wikipedia.org/wiki/Dimensionless) [ratio](https://en.wikipedia.org/wiki/Ratio) of the circumference of the [waist](https://en.wikipedia.org/wiki/Waist) to that of the [hips](https://en.wikipedia.org/wiki/Hip). the waist circumference should be measured at the midpoint between the lower margin of the last palpable ribs and the top of the [iliac crest](https://en.wikipedia.org/wiki/Iliac_crest), using a stretch-resistant tape that provides constant 100 g (3.53 oz) [tension](https://en.wikipedia.org/wiki/Tension_%28physics%29). Hip circumference should be measured around the widest portion of the buttocks, with the tape parallel to the floor. The reference was included and highlighted in text.

World Health Organization. Waist circumference and waist-hip ratio: report of a WHO expert consultation, Geneva, 8-11 December 2008.

**Editor Comments to Author:**

**Please check the author names and affiliations included on your Title Page, mainly that the spelling of all authors' names is correct.**

These were rechecked and are found to be correct.

**Please include a 'Structured Abstract': not more than 250 words, broken down into, i.e., Aims, Patients & Methods/Materials & Methods, Results, and Conclusions.**

Introduction was replaced by (aim) and highlighted.

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

Extra keywords were added and highlighted.

**Please amend the references as per the author's guidelines**

References were updated as per instructions.

**Please ensure all tables and boxes are titled and cited in the text.**

Tables were revised as per instructions.

**Please check the PDF file of your manuscript regarding plagiarism checking.**

It was checked and was found to be 30%. If further modification is required, we are ready to do.