**Dear Editor-in-Chief Pro. Salem Y Mohamed**

**Chief Editor,** **African Journal of Gastroenterology and Hepatology**

Thank you for allowing me to submit a revised draft of our manuscript titled " Fecal Calprotectin as a Marker of Severity of COVID-19 Disease: A Hospital-based Study " to the ***African Journal of Gastroenterology and Hepatology.***

We appreciate the time and effort you and the reviewers have dedicated to providing valuable feedback on our manuscript. We are grateful to the reviewers for their insightful comments on the paper. We have been able to incorporate changes to reflect most of the suggestions provided by the reviewers. Here is a point-by-point response to the reviewers' comments and concerns.

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| **Reviewer 1 (NH)** | |
| **Comments** | **Author's reply** |
| The article is a good idea, but it needs English editing. The results need to be re-evaluated. Both Tables 2 and 4 have invalid data. What is the number of patients post-21 days? GI manifestation needs to be considered. | - We thank the reviewer for his kind comments.  We did our best to revise and correct the data in Tables 2 and 4 by returning to the master sheet and consulting with biostatistics.  - All included fifty patients with COVID-19 disease who presented with GI manifestations with or without respiratory manifestations. Others were classified according to the disease severity classification system for COVID-19 disease based on the patient’s pulse, systolic blood pressure, respiratory rate, oxygen saturation, and oxygen flow rate into four arms: mild, moderate, severe, and critical. |
| **Reviewer 2 (ME)** | |
| The aim of the study is missing from the manuscript. | We thank the reviewer for his valuable comment.  We added the study's aim in the last paragraph of the introduction. |
| -It is unclear if FC predicted COVID-19 disease severity among patients with or without GI manifestations.  -What is the rationale behind using FC in assessing COVID-19 patients without GI manifestations? | We thank the reviewer for his comment.  All included fifty patients with COVID-19 disease who presented with GI manifestations with or without respiratory manifestations and others, where fecal calprotectin levels were significantly higher in a critical group than in other groups at baseline and after 21 days. Moreover, the percentage of COVID-19 mortality within 21 days was significantly higher in critical patients than in the other groups. So, fecal calprotectin may be used as a marker of the severity of COVID-19. |
| -Can the diagnostic accuracy parameters of FC be calculated to predict COVID-19 severity compared to other biomarkers and severity indexes?  -Check the uploaded file. | We thank the reviewer for his comment.  We did our best to revise and correct the manuscript according to your recommendations and patients' data by returning to the master sheet and conducting statistical consultation to calculate COVID-19 severity compared to other biomarkers and severity indexes. |
| Reviewer 3 (AM) | |
| **Comments** | **Author's reply** |
| -One of the paragraphs in the introduction is not understood. I think there is a typing error.  -The last paragraph in the introduction should include the aim of the study.  The type of study is wrong; correct. | We thank the reviewer for his kind comments.  We did our best to correct the type of study, add the aim of the study, and improve the final quality of the manuscript, as you recommended. |
| -How sample size was calculated? What is the sampling technique?  -Add ethical considerations in detail. | We thank the reviewer for his kind comments.  -The sample size was calculated by specialized statistical consultation in the IRB unit of the Zagazig Faculty of Human Medicine.  - Samples for laboratory tests were collected by medical staff using personal protective equipment and performed at the Clinical Pathology Department, Zagazig University Hospitals.  -We added ethical considerations in detail. |
| -Data analysis should include all statistical tests used.  -The results had fundamental mistakes and needed statistical consultation. Comments in the attached file  -Discussion and conclusion cannot be assessed till all result sections are fixed. | We thank the reviewer for his kind comments.  We did our best to revise and correct the data analysis and results mistakes in Tables 2 and 4 by returning to the master sheet and conducting statistical consultation. Now, everything is fixed for your recommendations. |
| Editor's comments | |
| Manuscript Instruction: as per Journal style | We thank the editor for his kind comments.  We followed all instructions as promised. |