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Scientific quality: [ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality: [ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion: [ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review: [Y] Yes [ ] No
SPECIFIC COMMENTS TO AUTHORS

This is an interesting case report. Several suggestions for revision are listed below:

1. About 1 wk after admission, the proximal skin of the third to fifth fingers - correct to third.
2. Figures - the normal platelet count is 150.000 - 450.000 not 100.000.
3. Thrombocytopenia might have also occurred in the context of hepatitis B virus infection.
4. There are definitely more reports of paraneoplastic syndromes in HCC. Use the following key to search in PubMed/MEDLINE: https://www.ncbi.nlm.nih.gov/paraneoplastic* AND (hepatocellular* OR "liver cancer" OR "liver malignancy") Add a table summarizing the paraneoplastic syndromes identified and briefly review them.
5. It would be better to add the lab values in the table as well.
6. Did the patient have vitamin D deficiency? Vitamin D deficiency has been linked to the development of HCC. Use the following key to search in PubMed/Medline for references: https://www.ncbi.nlm.nih.gov/ ("serum vitamin D" and "liver cancer")