

Response to reviewers

Reviewer 1

This is an interesting review article on the relationship between non-alcoholic fatty liver disease (NAFLD) and inflammatory bowel disease (IBD). The manuscript is generally well written and has scientific value, since it includes a comprehensive compilation of relevant studies on the subject. Two suggestions are listed below. 1. Considering that anti-TNF-alpha agents are commonly used in IBD and the current controversy in the literature about its relationship with NAFLD, it is suggested to include anti-TNF-alpha in Figure 1, in the section "Prolonged medication use", replacing "hepatotoxic medications". 2. Authors are suggested to further discuss the potential impact of small bowel resection on the risk of NAFLD in IBD patients. The inclusion of such association in Figure 1 should be considered.

Figure 1 has been modified to incorporate all potential pathogenic factors contributing to the coexistence of NAFLD and IBD. Additional comments have also been made in addressing the impact of intestinal resection under the section of IBD disease factors.

Review 2

This is a nice article on a very interesting association. However, the authors need to discuss if there is any genetic association between IBD and NAFLD genes.

Relevant genetic considerations have been added to the pathogenesis section.

Reviewer 3

Manuscript's content is somewhat interesting but this review is addressed almost exclusively to association studies, with several methodological bias not adequately

declared. Scope should be better and concisely expressed: fatty liver? Nash? Nafld? Format is somewhat erratic, from the minireview to the editorial's statements and last, to a short communication. Priority is unclear since most concepts are quite questionable and not well justified, Novelty is very limited, and interest should be mainly "professional" but the teaching and narrative style should be improved: a review article like this one deserves a greater care. English, spelling and syntax of a few sentences need some reappraisal. Mechanisms of disease: something not studied in IBD should be available in NAFLD. The likely lack, in the quoted studies, of information on quality of dietary intake and of physical activity should be checked, quoted and, if present, quoted as a limitation of the available studies. Malnutrition, in any way defined, should be considered looking inside the data of some of the chosen studies.

Limitations of the quote studies, including lack of data on nutritional and lifestyle factors are now highlighted to assist with readers' interpretation of the results.

This review attempted to examine NAFLD as a spectrum of disorder encompassing hepatic steatosis and steatohepatitis and specific references to the different components of NAFLD were declared, where relevant.

Format of the article has been extensively modified and streamlined along with further addition of the pathogenesis and clinical implication sections which should assist with providing a more coherent and comprehensive review for the readers.