Author's response to reviews

**Title:** Acute partial Budd-Chiari syndrome and portal vein thrombosis in cytomegalovirus primary infection: Case report

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Answers to the Reviewers

Acute partial Budd-Chiari syndrome and portal vein thrombosis in cytomegalovirus primary infection: case report

Changes in the text appear in underlined characters

Reviewer: Dr Koutroubakis

The detailed thrombophilic evaluation is given in the revised version of the manuscript. This include: 1) homocystein level: 6.7 µmol/l (N: < 15); 2) antithrombin III: 86% (N: 75-125); 3) protein C: 74% (N: 70-140); 4) protein S: 88% (N: 50-120); 5) factor V Leiden and prothrombin genes: wild type; 6) anticardiolipin antibodies: negative; 7) antinuclear antibodies: < 1/60; 8) paroxysmal nocturnal hemoglobinuria: absence of deficiency of GPI-linked proteins by flow cytometry; 9) myeloproliferative disorder: absence of grossly elevated white blood cells and platelet count, as well as absence of eosinophilia, basophilia, or atypical platelet morphology on the peripheral smear examination. The analysis of bone marrow was not performed.

We felt that the probability of an early hepatocellular carcinoma in the absence of a pre-existing liver disease was extremely low. The value of AFP was 4 ng/ml (N: < 15 ng/ml)

Reviewer: Dr Dumortier

Point 1: This point is well taken. The liver biopsy did not show features of a pre-existing liver disease, nor exhibited the features that are commonly observed in a autoimmune hepatitis (no plasma cells infiltration, no interface hepatitis). This information has been added in the revised manuscript.

Point 2: This immunocompetent young adult did not receive any antiviral treatment. Although a fatal issue has been reported in severe cytomegalovirus infection in such individuals, we decided not to administer ganciclovir to our patient in the view of a relatively modest viral load, a preserved white blood cell count and no detectable CMV on liver biopsy.
Accordingly, antiviral treatment is not routinely recommended in immunocompetent individuals with severe CMV infection. This information (as well as a reference) has been added in the revised manuscript.

Point 3: Immunohistochemistry study was performed on the liver biopsy specimen to detect CMV, but remained negative. This is not an unsuspected finding in immunocompetent patients with relatively low viral load.

Point 4: We stated that the patient was immunocompetent based on the following findings: negative HIV serology; normal or moderately elevated serum immunoglobulins (IgG: 19 g/l (6.7-13); IgA: 4.3 g/l (0.7-2.9); IgM: 2.6 (0.4-2.6); lymphocytic typisation within the normal range (T-lymphocytes: CD4/CD3=1086/mm$^3$; B-lymphocytes: CD19=139/mm$^3$; NK-lymphocytes: CD56+CD16/CD3=176/mm$^3$)

Reviewer: Dr Seehofer

The patient was a non smoker.