Reviewer's report

Title: Nosocomial acquired invasive pulmonary aspergillosis in patients with hepatic failure

Version: 1 Date: 6 August 2007

Reviewer: saad nseir

Reviewer's report:

General

The authors report a case series of invasive pulmonary aspergillosis (IPA) in patients with hepatic failure. IPA is an emerging infectious disease in patients with moderate immunosuppression. Early diagnosis and treatment is probably the key outcome variable.

The strengths of this study are the invasive diagnosis of IPA using biopsy, and the improved outcome of IPA patients with caspofugin treatment. However, several clarifications are needed in order to fully evaluate the manuscript. In addition English editing of the manuscript would be helpful.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

1. Was a strategy used to diagnose IPA during the study period? Was lung biopsy performed in all patients with clinical suspicion of IPA? How many lung biopsies have been performed during the study period? What was the percentage of lung biopsies showing IPA among all lung biopsies? Which technique was used for lung biopsy (transbronchial fibroscopic or surgical technique?). Authors should give more details on histological results of lung biopsies. Has any complication occurred after lung biopsy?

2. How microbiological IPA-diagnosis was performed? Was bronchoalveolar lavage or other noninvasive investigations performed in these patients. If yes, what were their results?

3. Clinical presentation:
   - Did patients have bronchospasm or hemoptysis?
   - If brochoscopy was performed, has any abnormal aspect of tracheobronchial tree been described?
   - How many patients were under mechanical ventilation when IPA was suspected?
   - Authors should give the time between hospital admission and IPA diagnosis.
Was any outbreak of IPA described during the study period? Or were these cases of IPA separated during time?

Authors should state whether building works were performed in their hospital during the study period.

How many patients receive steroids before IPA diagnosis? What were the doses used of corticosteroids in these patients? Were steroids stopped after IPA diagnosis?

4. Radiological diagnosis: Was chest CT scan performed in all patients?

5. Serologic diagnosis: Was Aspergillus serology performed in these patients? If yes, what were the results?

6. Title: “Nosocomial acquired” should be replaced by “nosocomial” or “hospital-acquired”.

7. Antifungal treatment: Time from suspicion of IPA to antifungal treatment should be given, as well as dose of caspofungin used by the authors.

8. References should be updated. For example, 2 recent reviews should be cited:
   - Trof RJ, Intensive Care Med 2007

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

All abbreviations should be defined when first used. What mean PTA (page 5, line 3), and PE (Table 1, line 1).

Page, line 4: Viral load of “HBV”?

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Not suitable for publication unless extensively edited

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I declare that I have no competing interests