Author's response to reviews

Title: Chronic hepatitis caused by persistent parvovirus B19 infection

Authors:

Trine H Mogensen (trine.mogensen@dadlnet.dk)
Jens Magnus B Jensen (iejensen@rm.dk)
Stephen Hamilton-Dutoit (stephami@rm.dk)
Carsten S Larsen (carslars@rm.dk)

Version: 3 Date: 28 July 2010

Author's response to reviews:

To the Editor-in-Chief,

Thank you for the response to our case report manuscript entitled "Chronic hepatitis caused by persistent parvovirus B19 infection". We have read the comments of the reviewers with great interest and are pleased to learn that both find our case report to be of importance. We find the suggestions of the reviewers very relevant and have complied with all points as far as possible.

Along with this letter, please find a letter where we describe in a point-by-point fashion how we have dealt with the points raised by the reviewers. All modifications introduced in the revised manuscript are marked in red.

We hope you find we have revised the manuscript in a satisfactory manner and that it is now acceptable for publication in BMC Infectious Diseases.

On behalf of all authors

Yours sincerely,

Trine Mogensen, MD, PhD, DMSc

Department of Infectious Diseases; Aarhus University Hospital, Skejby
Brendstrupgaardsvej; DK-8200 Aarhus N; Denmark
Phone: +45 89498308; Fax: +45 89498310; E-mail: trine.mogensen@dadlnet.dk

Below, please find a point-by-point reply to the concerns and remaining questions raised by the two reviewers:

REVIEWER # 1 (TSAI-CHING HSU)

Major compulsory revisions:

1. We agree that the findings and references pointed out by this reviewer are
highly relevant and hence have included a short discussion of these aspects, page 8, line 20 – page 9, line 8 and page 10, line 17-19 (Hsu et al., 2005; Wang et al., 2009); page 10, line 10-12 (Poole et al., 2004, 2006).

2. We agree that figure 1 is too crowded and complicated and have simplified it to only include information on liver enzymes, lymphocyte count, thrombocyte count, B19 DNA status, IVIG and prednisolone over time.

REVIEWER # 2 (GEORG PONGRATZ)

Major compulsory revisions:
1. The patient did not drink alcohol and had no history of intravenous drug abuse, and this important information has been added page 5, line 7-8.
2. Due to the patient’s normal haemoglobin values and normal total leukocyte count over time a haematologic disorder was considered unlikely and no bone marrow aspiration was performed, although this might certainly have been relevant.

Minor essential revisions:
1. Unfortunately, quantitative levels of B19 DNA are not known for this patient. Information was only provided as to whether the PCR was positive or negative.
2. We agree that a picture of the liver histology will be valuable to this case report and have therefore included this as figure 2 (referred to on page 6, line 17-19; legend page 16, line 12-14).

Discretionary revision:
We agree that figure 1 is too crowded and have simplified it as described in the answer to reviewer # 1.