Reviewer's report

Title: Passive transfer of hepatitis B antibodies from intravenous immunoglobulin

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Reviewer: Vincent Thibault

Reviewer's report:

I read with great interest the work by Parker and coll. The manuscript is well written and highlights a crucial clinical situation that deserves consideration by all clinicians. As clearly stated by the authors, this case report has been already reported several times in the literature but communication and education on this topic is obviously needed. Despite a good storytelling of the case, I feel that the authors missed part of the educational message that should necessarily be conveyed by such report. Most of my comments will focus on the lack of precision in different part of the manuscript and the need to generate a more didactic interpretation of this case.

Major Compulsory Revisions

• The description of the case provides too much unnecessary detail on many clinical events. Obviously, all details are probably very important in the clinical management of this complicated disease but the authors should try to simplify as much as possible events that may not have had any importance with regard to the covered topic. For instance, "Sputum samples at different points grew both Haemophilus influenzae and Candida albicans, and he received appropriate anti-microbials."; I am not convinced so much detail is relevant to the management of HBV infection or hepatic disease.

• By contrast, when describing the serological markers of this patient, all details should be provided regarding all tested markers. In the same line, it is unconceivable to read: "serology and HBV DNA testing of both donor and recipient were negative"; a "negative" serology for HBV, does not mean anything unless you provide clear results for all tested markers. In a specific report on a possible HBV reactivation, all serological results have to be provided.

• Is it enough to state "with no evidence of a hepatitis illness" when dealing with a potential liver illness? Certainly not! It is suggested to provide values of some liver function tests.

• If the hypothesis of HBV infection was raised, why were HBc IgM antibodies not tested? Indeed, if a recent infection was suspected, recommendation would be to test for HBc IgM that could be present after the loss of HBsAg and before possible appearance of anti-HBs. This situation should be discussed.

• Table 1 is not really informative and can be found (except maybe for the last line) in all text books on HBV. However, a recap chart providing all sequential events of this case and the observed serological profiles is missing and would certainly be more appropriate.
Discretionary Revisions
Several points could be addressed to improve the educational impact of this manuscript:
• in clinical practice, what should be done to avoid this kind of situation?
• what are the risks of providing a false positive or negative anti-HBc serology?
• what products contain anti-HBc antibodies? And for what indications are they prescribed?
• what are the most common situations leading to such erroneous serological profiles?
These points are more or less raised in the manuscript but should be specifically and thoroughly addressed.

Minor Essential Revisions
• I doubt the sentence "the patient was advised to start lamivudine, a nucleoside analogue with the most suitable for the treatment of those with low (<2000IU/ml) HBV DNA levels" is correct.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

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

Declaration of competing interests:
I declare to have no competing interest in relation to the reviewed manuscript.