Author's response to reviews

Title: Association Between Amebic Liver Abscess and Human Immunodeficiency Virus Infection in Taiwanese Subjects

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Author's response to reviews: see over
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Anastasios Koutsos, Ph.D.
Assistant Editor, BMC-Infectious Diseases

RE: MS: 1528817811172161

Dear Dr. Koutsos,

We are pleased for sending us the referees’ constructive comments regarding our manuscript entitled “Association Between Amebic Liver Abscess and Human Immunodeficiency Virus Infection in Taiwanese Subjects” that was submitted to BMC-Infectious Diseases.

Attached, you will find a new version of our manuscript that was revised based on the referees’ comments. In addition, we have included a detailed point-by-point response to the referees’ comments. Please note that major changes were highlighted in the revised manuscript.

We are convinced that the revised version of our manuscript is of interest to the readership of BMC-Infectious Diseases and hope that it is now acceptable for publication. We thank you for your time and consideration.

Sincerely yours,

Szu-Min Hsieh, M.D.
Responses to the referees’ comments

Referee 1

Remark: This is an important report of the continuing problem with amebiasis in persons living with HIV/AIDS in Taiwan. What is remarkable is that the majority of patients with amebic liver abscess were HIV (+), leading to the authors recommendation that amebic liver abscess be a reason for an HIV test. The average CD4 T cell count was in the 200s in these patients, and besides a lower level of leukocytosis on presentation there were no clinical signs or symptoms that were unique to the presentation of amebic liver abscess in HIV infected individuals. A minor point that should be addressed is if there were any differences in clinical presentation or response to therapy in those patients with CD4 T cell counts above 200, versus those with a CD4 T cell count below 200.

Response: The few differences in the clinical characteristics identified among groups of HIV-infected and non-HIV infected subjects, and also among subjects with CD4 level greater than 200 and less than 200 in HIV-infected subjects may be due to the small number of cases analyzed in this study (page 8, lines 18-20; page 10, lines 23-25, and page 11, lines 1-2). We have also indicated at the end of the Discussion section that “this study will need to be expanded in the future including more ALA patients with and without HIV infection” (page 11, lines 7-8).

Referee 2

Remark 1: What explanation the authors can remark for the significant number of Amoebic liver abscess patients also infected by HIV in their community.

Response: A likely explanation for the significant number of amoebic liver abscess subjects that are also infected by HIV in the Asia-Pacific region versus Western countries is the higher prevalence of E. histolytica infection among people living in the Asia-Pacific region (page 9, lines 23-24 and page 10, line 1).

Remark 2: On the other hand, the small number of amoebic liver abscess patients included in this study may be an important bias to reach to a reliable conclusion: HIV infection makes patients more susceptible to E. histolytica invasive infection or this particular analyzed population of HIV infected individuals are exposed to particular E. histolytica strains different to the strains to which non-HIV infected population are exposed?
Response: Alternatively, it is also possible that one particular pathogenic *E. histolytica* strain is spread among these groups of subjects. We agree with this comment and have indicated at the end of the Discussion section that “this study will need to be expanded in the future including more ALA patients with and without HIV infection” (page 11, lines 7-8).

Remark 3: Analysis of data show only very few differences that are statistically significant between groups (HIV- and HIV+).

Response: The few differences in the clinical characteristics identified among groups of HIV-infected and non-HIV infected subjects may be due to the small number of cases analyzed in this study (page 8, lines 18-20; page 10, lines 23-25, and page 11, lines 1-2). We have also indicated at the end of the Discussion section that “this study will need to be expanded in the future including more ALA patients with and without HIV infection” (page 11, lines 7-8).

Remark 4: In my opinion it could be useful for the discussion to include some consideration related with publish reports on HIV+ patients with or without *E. histolytica* infection who do not develop invasive disease, this may be interesting.

Response: Although we are not aware of such reports, we have added the following sentence to the Discussion section to address this suggestion: “In addition, some studies suggested that host factors, such as dysregulation of T-cell activity, may also play an important role in HIV-infected patients who are susceptible to invasive amebiasis [2,6].”