Reviewer’s report

Title: Fulminant herpes simplex hepatitis secondary to tongue piercing in an immunocompetent adult: a case report

Version: 4 Date: 6 June 2008

Reviewer: Shivaram Prasad Singh

I am familiar with the literature and believe that this case meets one of the 9 criteria for evaluation in the journal: Unexpected or unusual presentations of a disease

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is this case worth reporting?: Yes

Is the case report persuasive?: Yes

Does the case report have explanatory value?: Yes

Does the case report have diagnostic value?: Yes

Will the case report make a difference to clinical practice?: Yes

Is the anonymity of the patient protected?: Yes

Comments to authors:

The article describes an interesting case which raises the important issue of early diagnosis of fulminant hepatic failure due to Herpes simplex hepatitis and the importance of preemptive therapy with Acyclovir in such patients.

There is need to correct the language and rearrange the manuscript. In some places, due to language, the sentences are distorted with confusion in meaning. An example of this is the penultimate paragraph of ‘Conclusion’ section, i.e., Page 7; first 3 lines: “Treatment with acyclovir should not be detained until the results of these studies. Instead, they should be used to provide conclusive evidence of the presence or absence of HSV hepatitis, and direct further therapy”

In literature review, the following aspect should also be mentioned:
Herpes simplex virus (HSV) hepatitis may be minimally symptomatic throughout their illness. The spectrum of disease caused by HSV hepatitis is more variable than previously reported. HSV hepatitis should be considered in immunocompromised hosts with elevated transaminases without evidence of
fulminant hepatic necrosis. [Duckro AN et al. Herpes simplex virus hepatitis: expanding the spectrum of disease. Transpl Infect Dis 2006;8:171-6.]

There is overlap between the sections “Discussion” and “Conclusion”. The section “Conclusion” should be made short and crisp, and probably the first four paragraphs from “Conclusion” should be shifted to the “Discussion” section.

Important messages should be succinctly highlighted in the Conclusion section.

In discussion, the following aspect of HSV Hepatitis should be highlighted:
Recognition of characteristic liver function abnormalities seen with fulminant herpes simplex hepatitis include marked elevation of transaminases with AST > ALT and a mild hyperbilirubinemia (anicteric hepatitis), and they should prompt acyclovir therapy. This is especially true when there are no obvious risk factors for other forms of hepatitis.

HSV-IgM and HSV-IgG assays are often absent in such HSV Hepatitis patients presenting with FHF.

Timely preemptive therapy with antivirals in patients suspected to be suffering from HSV Hepatitis has not been adequately stressed.

**Quality of written English:** Needs some language corrections before being published

**Declaration of competing interests:**

'I declare that I have no competing interests'