The authors present a rare case of significant liver toxicity with use of ifosfamide in synovial sarcoma. The article is written in a coherent manner with due consideration to other possibilities of liver failure and appropriate discussion of possible mechanism and management.

I have following suggestions.

Abstract:

Paragraph 3. “This case highlights that chemotherapy agents have the potential for any type of toxicities including rare and idiosyncratic ones” …please delete
“any type of toxicities” instead say “potential for rare and idiosyncratic toxicities”

Case Presentation:

Paragraph 3. Change “Her surface area” to “Her body surface area”.

Paragraph 5. Change “tests revealed that at one day after finishing chemotherapy” to “tests revealed that at day one after finishing chemotherapy”

Please comment on clinical exam, whether or not there were abdominal exam findings…. Or can say that her clinical exam was otherwise unremarkable.

Please make it clear what “Br” stands for in Table 2…and provide units as well as normal range of laboratory parameters.

Please mention if patient was taking any concurrent medications other than cocodamol 30/500, oramorph (oral morphine sulphate) and amitriptyline.

Discussion:

Paragraph 1. “due to immunological reactions mechanisms or variations in host metabolic response”. Please delete “mechanism”.

Paragraph 3. “Nephrotoxicity as characterized by Fanconi syndrome and glomerular damage, is more common in children, and is not found with cyclophosphamide, possibly due to the absence of chloroacetaldehyde”….this statement is not correct, the reference 7 describes in Fig. 2 that cyclophosphamide is converted to chloroacetaldehyde.

Also please see Metin Tascilar et al. The Pharmacologic Basis of Ifosfamide Use in Adult Patients with Advanced Soft Tissue Sarcomas. The Oncologist, Vol. 12, No. 11, 1351-1360. The section on ifosfamide metabolism mentions…

“Approximately 45% of the therapeutic dose of ifosfamide is typically metabolized via N-dechloroethylation to chloroacetaldehyde (CAA), whereas only 10% of cyclophosphamide is converted to CAA. As CAA is thought to induce neurotoxicity and nephrotoxicity, this is likely to account for the more prevalent occurrence of these particular untoward events among patients treated with ifosfamide.”

Consider making a simplified figure explaining metabolism of ifosfamide similar to the above reference.

References:

Please format these references in the similar style as others.


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

**Declaration of competing interests:**

I declare that I have no competing interests