Reviewer's report

Title: Sustained eradication of hepatitis C virus by low-dose long-term interferon therapy in a renal transplant recipient dual-infected with hepatitis B and C: a case report

Version: 1 Date: 26 September 2010

Reviewer: Claudio Puoti

Which of the following best describes what type of case report this is?: Other

If other, please specify:

New schedule (very low dosage and prolonged duration) for an old treatment (interferon plus ribavirin for HBV/HCV coinfection)

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is the case report ethical?: Yes

Is there any missing information that you think must be added before publication?: Yes

Is this case worth reporting?: Yes

Is the case report persuasive?: Yes

Does the case report have explanatory value?: No

Does the case report have diagnostic value?: No

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

Is the anonymity of the patient protected?: Yes

Comments to authors:

This is an interesting report addressing the problem of HCV-HBV coinfection in a renal transplant recipient. The authors report here the case of a 51-year-old male renal transplant recipient, who was co-infected with HBV and HCV prior to renal transplantation. Low-dose standard IFN plus RBV were prescribed for approximately three years and half. LAM 100 mg per day was concomitantly offered to prevent HBV reactivation.
Although this is a rather known issue, this report offers some interesting suggestions. In first, the authors do address the need to prevent possible HBV reactivation following HCV eradication, due the mutual inhibition of replication between the two viruses. In second, it is very interesting the use of low dose non pegylated IFN, since it has a shorter half-life than the more recent PEG IFN.

In conclusions, I believe that this paper is worthy to be published, thus I have only minor suggestions:

1. I have not understood why this patient did not undergo LAM treatment since 1998; indeed at that time he showed HBV DNA positivity (5.9 × 10^5 and 4.1 × 10^6 copies/mL); furthermore, he underwent immunosuppressive therapy, including steroids, mycophenolate, cyclosporine and tacrolimus.

2. The extended antiviral (anti HCV) treatment used in this patient was clearly off label, thus the authors should better clarify the evidence-based or their experience-based data justifying the prolonged therapy, thus challenging the optimal duration suggested for HCV-2 infection.

3. Current guidelines (e.g. EASL 2009, AASLD 2009, NIH 2010, Italian 2008) do strongly recommend that anti HBV therapy with nucleos(t)ide analogues should be indefinitely prolonged, as finite therapy allows reduced sustained response rates. By contrast, in this case lamivudine (100mg per day) was prescribed since Oct, 2003 to April, 2005. Why the authors did discontinue LAM treatment?

**Quality of written English:** Acceptable

**Declaration of competing interests:**

I declare that I have no competing interests

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