Reviewer's report

Title: Fulminant hepatic failure in association with quetiapine: case report and review of the literature.

Version: 1 Date: 18 July 2012

Reviewer: Juan Carlos Perazzo

Comments to authors:

Three drugs was administered, carbidopa-levodopa for 3 years, oxazepam and pramipexole for the last 6 months and Quatrain (Q), for the last 6 weeks, prior to her presentation with the symptoms. Hallucination was considered as part of the side effects of Pramipexole. The authors state that: “Quetiapine withheld, she was continued on carbidopa-levodopa and oxazepam and managed conservatively”. So, what happened with Pramiprexole? It could be also assumed that Pramiprexole withheld also occur, if this is the case, induced FHF?!! Please, it is basic to know about the dose of each drug given to the patient, and which is the dose administered that the authors considered “conservatively”?

The half life of the drug Q should be related with the withheld and the appearance of the FHF. The drug should be studied and discuss in deepen, and the side effects correlated with the clinical symptoms. Here the patient has an association of four drugs, please, this is important to discuss, because although Q was withheld the patient develop an FHF with encephalopathy (HE). The authors said that the patient became encephalopathic; this is a very important state, which is also prognostic. How HE was diagnosed?

Questions to the authors.

Does the authors considered a differential diagnostic between FHF and sub-FHF?

How the authors evaluated Coma, Brain edema & coagulopathy alterations?

Does the patient develop throughout the six weeks portal hypertension, besides de unique Doppler determination?

Figure. Please, improve the picture, indicate in the photo the main histopathological features.

Grammar errors, the manuscript should be carefully revised.

References should be checked, for e.g.: 1, 14

References should be updated, I strongly suggest to search for ISHEN (International Society for the Study of Hepatic Encephalopathy and Nitrogen Metabolism) guidelines (Metab Brain Dis), regarding to HE classification and other subjects of interest for this paper.