Author's response to reviews

Title: The first described case of Schistosomiasis japonicum diagnosed on liver biopsy in a patient with hepatitis B co-infection

Authors:

- Victoria L Parris (victoria.parris@rlbuht.nhs.uk)
- Kirsten Michie (kmichie@doctors.org.uk)
- Tim Andrews (timothy.andrews@rlbuht.nhs.uk)
- Emmanuel F Nsutebu (emmanuel.nsutebu@rlbuht.nhs.uk)
- Stephen B Squire (sbsquire@liv.ac.uk)
- Alastair RO Miller (Alastair.miller@rlbuht.nhs.uk)
- Mike BJ Beadsworth (mikebeadsworth@yahoo.com)

Version: 2
Date: 14 December 2013

Author's response to reviews: see over
Author’s response to reviews

Title: The first described case of Schistosomiasis japonicum diagnosed on liver biopsy in a patient with hepatitis B co-infection

- Amended to: Schistosomiasis japonicum diagnosed on liver biopsy in a patient with hepatitis B co-infection: the first described case report.

Authors: Victoria Parris
         Kirsten Michie
         Tim Andrews
         Emmanuel F Nsutebu
         S Bertel Squire
         Alastair RO Miller
         Mike BJ Beadsworth

Version: 1 Date: 4th September 2013

Author’s response to reviews: see over
Reviewer's report

Title: The first described case of Schistosomiasis japonicum diagnosed on liver biopsy in a patient with hepatitis B co-infection

Version: 1  Date: 19 October 2013

Reviewer: Vinod HEGADE

Which of the following best describes what type of case report this is?: An unexpected association between diseases or symptoms

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?: No

Does the case report have explanatory value?: Yes

Does the case report have diagnostic value?: No

Will the case report make a difference to clinical practice?: No

Is the anonymity of the patient protected?: Yes

Comments to authors:

1) Illustrated case is a classical example of HBV e antigen seroconversion suggested by clinical features, LFTs and serology results. Your case report is similar to many other cases of schistosoma diagnosed incidentally on liver biopsy. However, your case clarifies the futility of TE in acute setting. In The hepatology fraternity it is well known that TE is a useless tool in acute hepatitis. In your case, the need for liver biopsy arose from the conflicting results of TE, US liver and biochemistry. If you had not done TE, there would have been no need for liver biopsy. In fact, this patient would not get a liver biopsy in routine clinical practise as the diagnosis of HBV e antigen seroconversion is unequivocal. Therefore one can argue that TE should not have been performed at all which in turn would have avoided the liver biopsy (which is invasive and carries potential risks).

• We agree that performing TE in this case led to liver biopsy when it would otherwise not have been undertaken, and have therefore presented the evidence for not using for the assessment of acute
hepatitis, and highlighted this as a learning point in our conclusion.

2) The comment on using TE in resource poor settings is incorrect. Fibroscan is a very expensive equipment (cost around £50,000-80,000) which means poor countries may not be able to afford it. I suggest re-wording of the paragraph in the discussion section to avoid giving wrong message to the readers that TE is a cheaper alternative to percutaneous liver biopsy.

- This sentence now reads: This gap in knowledge is important as TE has advantages over liver biopsy in resource poor settings endemic for schistosomiasis, such as portability and rapid operator training time, although cost of equipment presents a barrier to its widespread use.

**Quality of written English:** Acceptable

**Declaration of competing interests:** No competing interests to declare.
Reviewer's report

Title: The first described case of Schistosomiasis japonicum diagnosed on liver biopsy in a patient with hepatitis B co-infection

Version: 1 Date: 11 November 2013

Reviewer: Melissa Osborn

Which of the following following best describes what type of case report this is?: New associations or variations in disease processes

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?: No

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 authors report on a case of chronic hepatitis B in which schistosomiasis was found incidentally on liver biopsy. The case makes several important points: to consider coinfection in patients from endemic areas, the limitations of transient elastography in acute hepatitis, and the limitations of current diagnosis of schistosomiasis.
The case report is well-written and the discussion thorough and insightful. I have little to add or recommend for revision.

- Reviewer has no suggested changes for the manuscript

Quality of written English: Acceptable

Declaration of competing interests: 'I declare that I have no competing interests'