Reviewer's report

Title: New foe treated with old guns - Role of steroids for the treatment of acute severe hepatitis E

Version: 3  Date: 23 September 2014

Reviewer: Henning Wolfgang Zimmermann

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In the present manuscript Sebode et al. report on a case of acute liver injury due to acute autochthonous hepatitis E virus infection in a 63-year-old male caucasian patient, which resolved under treatment with prednisolone. This report describes an interesting case that may allude to potential novel therapeutic strategies in potentially detrimental acute HEV infection. It hence may provide the rationale for future trials investigating immunosuppressive approaches in this disease. In general, this report is clear and very well written. However, there are some concerns and open questions that need to be addressed prior to publication.

Major compulsory revisions:

1. Given the fact that this patient did not present with overt hepatic encephalopathy as stated in the manuscript the diagnostic criteria of acute liver failure are not met. The authors should use the term acute liver injury instead. Of course, it may be speculated that the development of encephalopathy and hence acute liver could be prevented due to the use of corticosteroids. On the other hand, absence of encephalopathy is linked to a better prognosis per se which might support the notion that the favourable clinical outcome described here is the result of spontaneous resolution.

2. What is risk of chronic HEV infection in the course of acute HEV under sustained corticosteroid treatment? In the discussion the authors should clearly indicate why they thought from the very beginning that the potential benefits of maintenance of steroid therapy outweighed the risks of HEV chronification and also the infectious risks in the light of a clinical scenario in which patients are highly susceptible to bacterial threats. In the present form it is not fully comprehensive why this approach was chosen. Was Ribavirin considered once the diagnosis of HEV was established? Please provide a more-depth rationale for the use of steroids.

Minor essential revisions:

1. Are there any hints for the possible route of transmission and/or source of infection in this case. Please comment on this.

2. Did the patient receive high-dose acetylcysteine as it may be applied in acute liver injury / failure due to a non-acetaminophen cause (Lee et al., Gastroenterology, 2009)
Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests