Reviewer's report

Title: Lack of evidence of viral reactivation in HBsAg-negative HBcAb-positive and HCV patients undergoing immunosuppressive therapy for psoriasis.

Version: 2 Date: 10 October 2014

Reviewer: Marco MP Picardi

Reviewer's report:

The reports on the impact of immunosuppressive therapy (in particular, biological drugs) in patients with psoriasis and positivity for HBV and/or HCV serum markers are scanty. The results of this study have clinical relevance. There are some issues I would like to raise that needs further explanation:

Major revisions

1. This is a retrospective study. The sentence in the abstract (line 11) “patients were consecutively enrolled” should be removed, as well as “consecutive” (line 10, abstract; and line 7, materials and methods).

2. More details, in the Material and Methods section and in the Discussion, on the “periodic laboratoristic monitoring” should be added, i.e., baseline diagnostic work-up with type of biochemical tests for viral status, and the scheduled medical appointments for biochemical examinations during the immunosuppressive therapy and during the follow-up.

3. From your explanations, it is not really sure what the definition of “Occult HBV Infection” was? In the Results, “23/224 (10.2%) patients were isolated HBcAb positive (OBI)”. But, in the Materials and Methods (lines, 24-3), “Occult HBV infection (OBI) represents a particular clinical entity that is characterized by the persistence of HBV DNA in the liver tissue, without the evidence of overt HBV infection, in individuals who are HBsAg negative and HBcAb positive, with or without serum HBV-DNA positivity”. Did the patients undergo liver biopsy to detect the persistence of HBV DNA in the hepatic tissue? In my opinion, an HBsAg negative/HBcAb positive patient should be consider as potential occult carrier.

4. In Discussion the authors reported the reactivation of viral hepatitis in different clinical conditions, in particular in onco-haematological and transplant setting. A clear reference showing the risk of reactivation for patients with OBI following bone marrow transplantation (an high risk category) should be included.

Minor revisions

1. An experienced author’s editor whose first language is English should revise the text.

2. The dosage of immunosuppressive therapy (in particular, biological drugs) should be included in Table 2.

3. Patients instead of subjects should be used (abstract, line 18).
Level of interest: An article of importance in its field

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

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.