Author’s response to reviews

Title: Factors affecting post-embolization fever and liver failure after trans-arterial chemo-embolization in a cohort without background infective hepatitis- a prospective analysis

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Author’s response to reviews:

Response reviewer’s comments
Reviewer : Oren Shibolet

1. The authors repeatedly state that his cohort is of NASH and ALD associated cirrhosis. It is unclear whether these are consecutive patients or selected patients. The authors should clarify this point. It would be interesting to compare complication rates of this cohort and a cohort with viral hepatitis

These were consecutive patients with NASH and ALD associated cirrhosis complicated by HCC (revised line 163, 164). HBV and HCV is uncommon in Sri Lanka (stated in line 143). Similarly, there were no patients with viral hepatitis in our cohort (stated in lines 258,259). Therefore a comparison was not possible.

2. The study adds very little to current knowledge. Multiple larger and more rigorous studies were already published in the past.

Our study looked exclusively at NASH and ALD related HCC. There are no published studies related to this specific group.

3. In the definition of AHD there are 2 parameters that are subjective. I.e. encephalopathy and increased ascites. The authors should explain how these parameters were measured and determined. They should state the exact increase in encephalopathy New-Haven score and the amount of ascites that was considered deterioration.

Clarified in lines 201-205 as “ADH was define by the occurrence of clinical encephalopathy (West Haven grade 1 or higher), development of clinically detectable ascites ...”

4. Follow-up was done on days 1-3 post embolization; however the authors
state that without early complications patients were discharged after 48 hours. This would suggest that delayed appearance of symptoms may have been missed.

Clarification made in lines 196,197 as “In the absence of these complications, patients were discharged from hospital on post procedure day 3.” Delayed complications were assessed by reviewing patients in the out-patient clinic post procedure day 7 (clarified in line 197-198).

5. Furthermore-the authors followed patients on day 7 at an out-patient clinic. The authors should describe whether there were any drop-outs and missed clinic visits

“There were no drop outs in this cohort. In absence of fatalities, all participants were reviewed day 7 post procedure: those with complications as in-patients and those discharged without complications as out-patients. (Statement included in lines 243-245)

6. In any case the authors do not discuss the possibility of missing late complications. Hepatic abscesses can occur further then this short time follow-up.

Relative short term follow of this study is a limitation. Therefore the development of hepatic abscess was not looked at in this study. This is included as a limitation of the study. (Statement included in lines 307-308)

7. The discussion is very repetitive with the entire first paragraph, re-stating the results. Furthermore the authors do not fully discuss the mechanisms that may be responsible for their results, and their narrative is purely descriptive.

Repetitive contents have been removed.

Reviewer: DARIO PORETT

1. In the methodology chapter it is not stated if patients receive any type of parenteral medication before, during and after the chemoembolization procedure. This is a key issue for several reasons: it affects pain and nausea if pain killers and antiemetics are used, it might have an impact on fever for the possible risk of developing infections, especially for patients with previous interventions on the biliary tract, if antibiotics are used.

Commenset added to methodology section (included in lines 174-175, 186-190)

2. In the Results the complications are correctly enumerated, but in the discussion only PEF and AHD are taken into consideration. This is a severe lack in the paper, especially for AKI , because it is a possible life threatening complication. We need to know the degree of insufficiency and the way it has been treated. It is also important to know the severity and duration of the other complications: NV, abdominal pain and infection. The latter in particular has to be correlated to the dimensions of the lesions treated, which is accepted as a key element.

Relevant discussion added to discussion (included in lines 292-299)
3. In the discussion section: - line 268 – please define how much hospital stay was prolonged; - line 270 – what are the precautions you consider could be useful in reducing the incidence of the complication? As previously stated please complete with consideration on all the other complications non discussed.

Comment on prolonged hospital stay included in lines 287-288

Precautions in reducing complications included in lines 310-313; as we primarily looked at predictors of complication cannot comment extensively on methods useful in reducing the incidence of complications