Author’s response to reviews

Title: A rare cause of acute liver failure - a case report

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Response letter

Dear reviewers,

Thank you for your comments. Below, there are my answers to your questions.

1- King-Wah Chiu (Reviewer 1): A rare case report talking about breast cancer with intrahepatic infiltration regarding to acute hepatic failure. The reader would like to known how to differentiation between the drug induced and the breast cancer cell intrahepatic infiltration causing to acute hepatic failure? What about the eosinophil count in the peripheral WBC. Do you have a IgE data in this case?

Answer: The differentiation was made because although the drug was immediately withdrawn, clinical worsening occurred with the development of hepatic encephalopathy and rapid progression of acute liver failure. On the other hand, the post-mortem examination revealed a wide hepatic infiltration by neoplastic tissue with morphologic characteristics compatible with adenocarcinoma, confirming the diagnosis. The eosinophil count in the peripheral WBC and IgE had a normal value. I added this information in the case report (case report section, line 14 and 15, page 2).
2- Conrado M Fernandez Rodriguez (Reviewer 2): This is an illustrative case report of a middle-aged female presenting with acute liver failure due to a massive hepatic sinusoidal infiltration by a late relapsing infiltrating ductal breast cancer. There are to few cases published from solid malignancies as cause of ALF.

Answer: According to the largest review of ALF, only 32 cases induced by diffuse metastatic breast cancer have been reported between 1950 and 2014. So, this case highlights a rare cause of acute liver failure. In fact, more cases are necessary to allow us to have a better understanding of this etiology of ALF. This information is in text (discussion section, line 7 and 8).

3- Minor

1. Was transjugular liver biopsy considered in this case? Do you think a more aggressive therapeutic approach once the diagnosis would have been reached would have change the outcome? Please, discuss

Answer: after excluding the other causes of acute liver failure, the only possible curative therapy for this scenario was liver transplantation. In our case, the patient had an active tumor recurrence which is a contraindication for liver transplant. And, on the other hand, chemotherapy is limited by severally abnormal liver function and multiorganic failure. According to this, transjugular liver biopsy wasn’t considered because it wouldn’t change the management of the patient. I added this information (case report section, second paragraph, line 8 to 11)

2. Please, change Fulvestran for Fulvestrant throughout the manuscript.

Answer: Accepted and changed (case report section, second paragraph, line 3 and discussion section, first paragraph, line 1)