Author’s response to reviews

Title: Multimodal Therapy and Twenty Years of Valid Management of a Patient with Chronic Hepatitis B in a less Developed Western Region in China---Case Report and Review of the Literature

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Reviewer 1

Comments 1 “it was difficult for me to understand the aim of this report when I read the title and abstract for the first time.”

Reply: Masaru Enomoto, Thanks for your propose. It is very good, so I have modify titles and abstract.

Comments 2…” In addition, I wonder if the report of such common case can interest the Journal readers, and if a case report is the best way to reach their goal.”

Reply: Thanks for your propose. I think this report of case has three characteristics. Firstly, during the 20 years of caring this patient, patient did not develop hepatocellular carcinoma, and by timely repeated EVLs and PSE to reduce portal hypertension, so we successfully prevented the adverse outcomes. Secondly, on the basis of effective management and timely multimodal therapy, the patient successfully maintained his health and avoided or delayed the result of liver transplantation. Thirdly, local medical technology level, economy and other factors affect
the choice of treatment measures and curative effect of patients. A suitable multidisciplinary comprehensive therapy strategy which can reflect the doctor's ability of judgment and accurate treatment should be more important for patients than only pursuing advanced technology. This is a good lesson for the healthcare providers and patients where the available facilities and drug choices are limited and yet how best the situation can be managed.

Reviewer 2

Comments 1 “Incidentally, if lamivudine in the dose of 150 mg instead of 100 mg is used, the resistance rate is much lower especially if the baseline is lower than 10^6 copies/ml (published data). There has been a substantial number of patients with chronic hepatitis B who have not developed resistance after 10-15 years of continuous therapy with 150 mg dose of lamivudine (personal communication)

Reply: Hie-Won Hann, MD, thanks for your propose and warmly encouragement.

In China, the recommended dose of lamivudine for the treatment of hepatitis b is 100mg/ day, so both clinicians and patients with hepatitis b can obtain 100mg/ tablet of lamivudine. Only hiv-infected patients can receive 150mg/ tablet lamivudine, which is provided to them by the Chinese center for disease control and prevention. It is a pity that I am not a doctor treating HIV infection, so I lack experience in the application of 150mg lamivudine.