Author’s response to reviews

Title: Reactivation of resolved hepatitis B virus infection combined with nephrotic syndrome in a patient after allogeneic haematopoietic stem cell transplantation

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Author’s response to reviews:

1. The diagnosis of isolated liver GVHD cannot be made in the presence of isolated AST/ALT elevation and diagnosis will remain only possible without liver biopsy.

Answer: Thanks for the comments.
We make the following changes to avoid an imprecise diagnosis
Discussion section, line 29, page 4

Revised:
Two months after entecavir withdrawal, she was clinically suspected of having liver cGVHD based on her isolated AST/ALT elevation. She was then given a forty-day course of methylprednisolone (8mg/d for 10 days then 4mg/d for a month) without antiviral prophylaxis. Her serum transaminase levels returned to normal. However, six months later, she had a high HBV DNA viral load and developed NS.

Original: Two months after entecavir withdrawal, she was given a forty-day course of methylprednisolone (8mg/d for 10 days then 4mg/d for a month) to deal with liver cGVHD without antiviral prophylaxis. Six months later, she had a high HBV DNA viral load and developed NS.

2. The authors need to acknowledge deviation from standards of care in terms of neither giving HBV prophylaxis during immunosuppression nor following up the patient periodically leading to HBV flare.

Answer: Thanks for the comments.
We add some new contents to acknowledge our deficiency.
Discussion section, line 27, page 5

The above guidelines both emphasize the importance of close monitoring. However, our patient did not undergo follow-up surveillance testing after she completed forty-day course of methylprednisolone, which revealed our deficiency in patient's education.

3. The diagnosis of HBV related nephrotic syndrome or nephrotic syndrome being a part of GVHD will remain unanswered as the biopsy findings are not specific for either and should be mentioned as so. The authors would be better off accepting the limitations in this report.

Answer: Thanks for the comments.
We add some new contents to acknowledge our deficiency.
Discussion section, line 1, page 5

In this case, we could not clarify the exact cause of NS, as the kidney biopsy findings are not specific for either HBV associated glomerulonephritis or cGVHD-related NS. Nevertheless, (antiviral therapy combined with immunosuppressive therapy gradually improved the outcome.)