Reviewer’s report

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

Version: 0 Date: 24 Sep 2018

Reviewer: Vivek Kumar

Reviewer's report:

Comments INFD-D-18-01356

* The case report is interesting but I would like to highlight the following:

a. The decision to ahead with steroids for presumptive treatment of liver GVHD in the face of possible reverse seroconversion for HBV can be questioned (though it seems that liver GVHD was present in hindsight as patient responded to steroids). Presumptive treatment is resorted to once all other causes have been ruled out. Some experts would favor doing a liver biopsy in such circumstances. This point may be highlighted in the discussion.
b. The deviation from recommendations with respect to antiviral prophylaxis while starting the patient on steroids for liver GVHD has been highlighted by the authors. The reasons for the same may be mentioned.
c. The entecavir dose mentioned is 500 mg/day which is erroneous.
d. The renal biopsy findings need to be explained in detail and systematically e.g. no of glomeruli, status of tubulo-interstitium and vascular compartments and EM findings etc.
e. The role of immunosuppression in the present case also does not reflect the usual practice with respect to treatment of HBV related glomerular disease. The renal dysfunction was not rapidly progressing and HBV viral load was decreasing with treatment. Usually, clinicians would wait for resolution of viremia and start immunosuppression once the patients does not respond to HBV clearance. The patient did not have RPGN like or severe PAN like manifestations or course that would warrant immediate immunosuppression. These points and rationale behind use of steroids and MMF may need to highlighted and explained in detail.
f. Finally, it would be difficult to conclude that immunosuppression led to remission as concurrent antiviral therapy was also continued and has led to progressive decline in viremia.

* As this is just case report, is no need for authors to explain various definitions. The authors may focus on the course and management of their case. The stress may be put on antiviral prophylaxis, its need in various circumstances encountered while using immunosuppressive drugs and monitoring.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.
Yes

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Unable to assess

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No

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