Author’s response to reviews

Title: A suspected Case of Clostridium perfringens sepsis with Intravascular hemolysis after transhepatic arterial chemoembolization

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Author’s response to reviews:

Prof. Ashwini Esnakula, M.D., Ph.D.
Journal of Medical Case

Dear Prof. Esnakula,

We thank the referees for their many helpful comments. We have accordingly revised the manuscript: ID JMCR-D-18-00467 entitled, Intravascular hemolysis secondary to Clostridium perfringens sepsis after transhepatic arterial chemoembolization: A case report and look forward to its publication in the Journal of Medical Case Reports.
Response to the Reviewer:

Thank you for your detailed comments. They have helped us improve our manuscript.

Comment 1  A few important dates are unclear. Specifically, how long ago was the patient initially diagnosed with HCC and is this the first or second time the patient has undergone TACE? I found the abstract and the case presentation confusing on these details.

Reply: We clarified this point accordingly in the revision (p.3, lines 9-12; p.4, lines 23-24 and p.5, line 1-7.)

“An 83-year-old Japanese man was admitted to our hospital because of a third recurrence of hepatocellular carcinoma (HCC). He had nonalcoholic steatohepatitis-related cirrhosis, and underwent radiofrequency ablation and TACE therapy for a HCC of S4/S8 and S2.”

“An 83-year-old Japanese man was admitted to our hospital because of a third recurrence of hepatocellular carcinoma (HCC). He had nonalcoholic steatohepatitis-related cirrhosis, and underwent radiofrequency ablation for a partial HCC of S4/S8 in the liver 3 years ago. Because abdominal computed tomography (CT) revealed multiple HCC of S4/S8 and S2 in the liver 1 year ago, he underwent TACE therapy with an emulsified mixture of lipiodol and farmorubicin together with gelatin sponge particles for multiple tumors. After the second TACE, abdominal CT revealed sufficient lipiodol retention and ineffectivity of this treatment. However, follow-up CT showed HCC recurrence in the left lobe 2 months ago.”
Comment 2. The case is certainly interesting but not really unique. It seems that the greatest contribution of the article is in reviewing the literature and compiling the findings of the previously described cases. I suggest focusing more on developing the literature review portion of the paper. Go into more detail regarding the abnormal laboratory findings in these cases (e.g. Instead of "liver function enzyme levels were slightly elevated", give the reported values and mean of those values).

Mention the literature review in the introduction. This will emphasize what the article has to offer that has not been said before.

Reply: We accordingly clarified this in the revision (p.3, lines 4-8, p.4, 15-19 and p.8, lines 7-15).

“Chronic liver diseases, immunosuppression and presence of malignancies were risk factors for C. perfringens sepsis. Especially, C. perfringens sepsis should always be considered in patients presenting with liver damage after chemotherapy for HCC. Here, we reported a case of intravascular hemolysis secondary to C. perfringens sepsis after transhepatic arterial chemoembolization (TACE).”

“The literature review reported that chronic liver diseases, immunosuppression and presence of malignancies were risk factors for C. perfringens sepsis [4]. Especially, C. perfringens sepsis should always be considered in patients presenting with liver damage after chemotherapy for HCC.”

“In our review the laboratory data showed a decrease in the median haemoglobin level from 11.6 to 6.6 mg/dL due to the C. perfringens sepsis. An increase in the median total bilirubin level from 1.15 to 11.9 mg/dL, in the median AST level from 73 to 1,626 IU/L and ALT level from 81 to 556 IU/L was observed at the C. perfringens sepsis, respectively. Noteworthy, liver function enzyme levels were elevated compared with that of the previously report about C. perfringens sepsis with massive intravascular haemolysis. Liver damage after chemotherapy for HCC may be high risk factors for C. perfringens sepsis.”
Thank you again for your comments on our manuscript. I trust that the revised manuscript is now suitable for publication in the Journal of Medical Case Reports.

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