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 Numerous times in the resubmitted article, it states that C. perfringens sepsis should be considered in patients presenting with liver damage "after chemotherapy." Since the article is focusing on C. perfringens sepsis following TACE, the phrase "after chemotherapy" is overstating the point and should be replaced by "after chemo-embolic therapy."

Reply: We thank the reviewer for this comment. Accordingly, we replaced from the phrase "after chemotherapy" to the phrase "after chemo-embolic therapy" in the text.

Comment 2. The previous recommendation to focus on the literature review has not been adequately addressed. To be more specific, in order for the article to properly present itself as a meaningful contribution to medical literature, a review of the literature regarding C. perfringens sepsis following TACE should be clearly stated as a goal of the article in the introduction.

Reply: We accordingly clarified this in the revision (p.3, lines 7-9 and p.4, 19-21).

“Here, this paper focuses on findings characteristic of an intravascular hemolysis secondary to C. perfringens sepsis after transhepatic arterial chemoembolization (TACE).”

Comment 3. It is noted that median values of various chemistry tests were included (inclusion of the mean had been suggested in the prior review). However, as the discussion is currently written, it is unclear what the median values represent. It seems to represent a change in laboratory values prior to development of hemolysis and after development of hemolysis. Perhaps presenting the change in laboratory values in a table format might make the information more clear. On page 8, near line 28, it is mentioned that liver function enzyme levels were elevated compared with that of the previous report. Which report is being referred to?

The reviewer's comment is correct. And, we are terribly sorry to have confused you.
To clarify, we have added the following text (p. 8, lines 11-17).
“Although some reports did not mention laboratory data, the review showed a decrease in the median haemoglobin level from pre-procedure (11.6 mg/dL) to the occurrence of hemolysis (6.6 mg/dL). An increase in the median total bilirubin level from 1.15 mg/dL to 11.9 mg/dL, in the median AST level from 73 to 1,626 IU/L and ALT level from 110.5 to 1,337 IU/L was observed at the C. perfringens sepsis, respectively. Noteworthy, a few cases showed that liver function enzyme levels of post-procedure were elevated compared with that of the pre-procedure.”

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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