

ANSWERING REVIEWERS



Feb 19, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: **876-Review.doc**).

Title: Computed tomography findings for predicting severe acute hepatitis with prolonged cholestasis

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Name of Journal: *World Journal of Gastroenterology*

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The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated according to the comments of Scientific Editor.

2 Revision has been made according to the suggestions of the reviewer

(1) In the methods, laboratory evaluation section the authors need to expand and list other tests performed such as ceruloplasmin, serology etc. In the section on diagnosis and definitions the authors need to clear up the definition of acute HCV hepatitis. Positive HCV RNA in a patient with no previous medical history of chronic hepatitis C is actually a typical presentation of chronic HCV hepatitis since most patients do not have any symptoms of hepatitis.

→ **Thank you for the comment. As your comment, we added the following sentences in MATERIALS AND METHODS:**

“The cause of acute hepatitis was determined through obtaining a thorough medical history of alcohol consumption, drug use, and coexisting diseases, performing various serological and polymerase chain reaction (PCR) assays to diagnose a variety of viral, bacterial and protozoal infections of the liver caused by hepatitis viruses, cytomegalovirus, Epstein-Barr virus, human immunodeficiency virus, *Toxoplasma*, *Leptospira*, *Candida*, mycobacteria, *Brucella*, pneumocystis, and if necessary, special biochemical tests for metabolic or hereditary hepatic diseases, including serum ceruloplasmin and 24-hour urine copper quantification for Wilson's disease.”

“Acute hepatitis C was considered to be present if the following criteria were met: an elevated serum ALT level with a documented normal level during the year before admission, no previous medical history of chronic hepatitis C, positive HCV RNA by PCR with known or suspected exposure to HCV within the preceding four months, and seroconversion of anti-HCV antibody^[4, 5].”

(2) In the discussion section the inclusion of a PT index <40% as a determinant of severe hepatitis should reflect the response to administration of vitamin K-otherwise there may just be a deficiency of vitamin K.

→ **Thank you for the comment. We agree on your comment. So, we added following phrases in MATERIALS AND METHODS and DISCUSSION.**

MATERIALS AND METHODS: "To identify a relationship between the severity of acute hepatitis and CT findings, we divided patients into two groups, one with and one without severe hepatitis (defined as serum bilirubin ≥ 10 mg/dL or PT $\leq 40\%$ **despite the administration of vitamin K** in the most severe phase)^[7, 8]."

DISCUSSION: " First, we designated patients with serum bilirubin levels ≥ 10 mg/dL or PT index $\leq 40\%$ **despite the administration of vitamin K** as having severe hepatitis, "

- (3) The authors also need to compare the sensitivity and specificity of CT vs US for the diagnosis of acute hepatitis.

→ **Thank you for your comment. As you know, the diagnosis of acute hepatitis is usually based on serologic, virologic, and clinical findings, and clinical role of imaging study in patients with suspected hepatitis is to help rule out other diseases presenting with similar clinical and biochemical abnormalities. So, we can't easily comment or find any reference related to the comparison of the sensitivity and specificity of CT vs. US for the diagnosis of acute hepatitis. Instead of this, we alter the following sentence in DISCUSSION:**

"Similar findings also appear in the CT scan^[13-16], and CT detects lymphadenopathy and gallbladder wall thickening ~~with greater sensitivity and specificity than ultrasonography.~~"
⇒ "Similar findings also appear in the CT scan^[13-16], and CT **easily** detects lymphadenopathy and gallbladder wall thickening."

- (4) My main criticism is the relevance of such a paper. The diagnosis of acute hepatitis can be made with far less sophisticated techniques than CT. This study involved exposing young people (mean age 34.4 years) to unnecessary radiation. I do not think that young people should be exposed to a large quantity of radiation unless absolutely necessary and in this case the diagnosis can be made, and the severity determined, by other means. The authors need to add a comment on this point.

→ **Thank you for the comment. We absolutely agree on your comment. We added the following sentences with references in DISCUSSION:**

"**Of course, other imaging modalities could substitute for CT scan unless CT is absolutely necessary, especially in young patients, to avoid unnecessary radiation exposure if they could also depict changes in the gallbladder, considering arguments on the safety of radiation exposure caused by CT scan in young patients** ^[25, 26]."

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,
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