

## Response to the Editors

January 30, 2015

Dear Editor,



Please find enclosed the edited manuscript in Word format (file name: 16092-review.doc).

**Title:** A case of Hepatitis A complicated with ARF and high HGF

**Author:** Shinji Oe, Michihiko Shibata, Koichiro Miyagawa, Yuichi Honma, Masaaki Hiura, Shintaro Abe, Masaru Harada

**Name of Journal:** *World Journal of Gastroenterology*

**ESPS Manuscript NO:** 16092

In accordance with the editors' and reviewers' significant and valuable suggestions, we have extensively revised our original case report (ESPS Manuscript NO: 16092). We would like to re-submit the revised version entitled "R1: A case of Hepatitis A complicated with ARF and high HGF". 1) Format has been updated; 2) Revision has been made according to the suggestions of the reviewer; and 3) References and typesetting were corrected. We give responses for reviewer's comment as follows.

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

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Shinji Oe'.

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## Point-by-point response to the reviewers' comments

### 【reviewers' comments】

#### Reviewer 1

##### Comments to the Author:

I read with interest the manuscript by Oe and co-workers entitled "A case of hepatitis A complicated with ARF and high HGF" submitted for publication to World Journal of Gastroenterology. In my opinion the manuscript is clear and easy to read. The case report is clearly presented and discussion is sound with the aim of the study. I have two suggestions: 1. Table 1 displays laboratory findings of the patients, but reference values are avoided. I think that the reference values can be of help to the reader to identify more easily altered markers. 2. Describing the case report (page 4), the authors state that laboratory findings were very severe, but general conditions and appetite were fairly good. On the other hand, during discussion (page 6) on the possible causes of ARF, the authors state that the patient had severe nausea, vomiting and poor oral intake. Are authors able to explain this discrepancy?

##### Response:

Thank you very much for your positive comments.

1. We eliminated the Table and added the laboratory data in the text, because the other reviewer suggested to eliminate the Table. And we described the reference value respectively (page 5, line 1-19).
2. We described incorrectly and made a correction in the case report as follow.

His laboratory findings were very severe. His general condition and appetite were not so good. However, both general condition and laboratory data were rapidly improved by supportive treatment such as administration of proton pump inhibitor for prevention of gastrointestinal bleeding and lactulose for enterotoxins such as ammonia (page 5, line 21 – page 6, line 2).

#### Reviewer 2

##### Comments to the Author

The clinical report "A case of hepatitis A complicated with ARF and high HGF" submitted for publication in WJG by Dr. Oe S. et al, is really interesting. I suggest the Authors to extend the discuss on whether the heavy alcohol assumption ( 180 g daily for 38 years ) might have plaid a role in the pathogenesis of ARF . I also suggest to reduce the number of references to 15-18 and to eliminate the Table, which essential data may be reported in the text.

##### Response:

Thank you very much for your positive comments.

Long-term alcohol abuse were associated with renal dysfunction. His history of the heavy alcohol assumption might contribute acute renal failure.

(Cecchin E, De Marchi S. Alcohol misuse and renal damage. Addict Biol 1996; 1: 7-17)

We described an additional comment.

His history of the heavy alcohol assumption might contribute ARF (page 6, line 20-21).

We reduced the number of references to 18 and eliminated the Table according to the reviewer's suggestion. And we added the data in the text (page 5, line 21 – page 6, line 2).