24-08-2025

Dear prof. taha,

You submitted the manuscript ID AJGH-2506-1084, " **Unknown etiology of acute hepatitis: invasive liver flukes**," to the African Journal of Gastroenterology and Hepatology. The reviewer's comments are included at the end of this email.

The reviewers have requested revisions to your manuscript.  Therefore, I invite you to respond to the reviewers' comments and revise your manuscript. Instructions on how to do this can be found at the bottom of this email.

To facilitate the timely publication of manuscripts submitted to the African Journal of Gastroenterology and Hepatology, we kindly request that you submit your revised manuscript as soon as possible.

Once again, thank you for submitting your manuscript to the African Journal of Gastroenterology and Hepatology. I look forward to your revision.

Sincerely,

Salem Y Mohamed

Chief Editor, African Journal of Gastroenterology and Hepatology

Please revise your manuscript using a word processing program and save it on your computer.  Please also highlight the changes to your manuscript within the document using the track changes mode in MS Word or using bold or colored text.

Once the revised manuscript is ready, please send it to me via email.

When submitting your revised manuscript, please provide your responses and details of changes made to each comment in an Author Response Letter.  To expedite the processing of the revised manuscript, please be as specific as possible in your response to the reviewers.

**Reviewer Comments to Author:**

**Reviewer1: NV**

1. The paper needs a clear and concise linguistic formulation.  
2- In your history, you do not clearly explain how infection occurs, nor do you mention a history of travel or eating.  
3- You do not rule out the other cause of acute hepatitis.  
4- Why don't you take a liver biopsy to rule out autoimmune hepatitis or drug-induced hepatitis?  
5- Why don't you use another test to confirm fasciolas?

**Reviewer 2: (AG)**

The title is informative and relevant; it indicates a rare cause of acute hepatitis.

Authors summarize the case well and highlight key findings, including diagnostic challenge and therapeutic response. Clearly describes the clinical course, lab values, imaging, and treatment. Appropriately ruled out common causes (viral hepatitis, autoimmune, Wilson’s disease). Highlights eosinophilia and serology as key clues. The use of serology for Fasciola antibody detection is appropriate.

**We suggest some comments to improve the writing of a case report: (some limitations will require justification)**

* 1. **The abstract could be improved by specifying the geographical relevance or epidemiological context (e.g., an** endemic region).
* 2. **Introduction:** Lacks data on incidence or prevalence in the region of the case to support the significance. So, mention geographical location or endemic context.
* 3. **Case:**

- No mention of the patient’s dietary or environmental history (e.g., watercress ingestion, animal contact), which is crucial for zoonotic diseases. So, include more exposure history (diet, travel, water sources).

- Stool analysis is reported as negative, but it would be helpful to mention how many samples were taken and using which method (as ova detection can be insensitive).

- Lacks clarity on country or region, which affects generalizability.

- No imaging evidence of flukes in the biliary tree; MRCP was non-specific. So, include imaging or parasitology pictures if available (e.g., ultrasound, fluke ova).

- No histopathology or liver biopsy, which could confirm the diagnosis in ambiguous cases.

- Follow-up period is relatively short (2 weeks), and no discussion of possible recurrence or need for repeat treatment. So, clarify follow-up duration and potential for recurrence.

* 4. **Discussion:**

- Could include a short note on trends in drug resistance or alternative therapies.

- Could stress the importance of early serological testing in endemic settings.

* 5. **References:**
* It could be improved by including regional data or WHO epidemiological statistics.

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**Reviewer3: AF**

The Widal test is used for diagnosing typhoid, not brucellosis.

How can acute hepatitis B be excluded? By HBsAg, hepatitis B core abs or PCR.

**Editor Comments to Author:**

1. Please check the author names and affiliations included on your Title Page, mainly that the spelling of all authors' names is correct. They are cited in the order you wish them to appear in the final article. Additionally, each author's affiliation details are accurate.

2. Please include a 'Structured Abstract': not more than 250 words, broken down into, i.e., Aims, Patients & Methods/Materials & Methods, Results, and Conclusions. For authors presenting the results of clinical trials, the guidelines recommended by the CONSORT statement (http://www.consort-statement.org/) should be followed when writing the abstract. The clinical trial registration number should be included at the end of the abstract, where available.

3. Please include up to 10 keywords in your revised manuscript (including the four keywords you selected as part of the submission process).

4. Please amend the references as per the author's guidelines:

a. References should be numerically listed in the reference section in the order they occur in the text.

b. References should appear as a number, i.e., [1, 2] in the text.

c. References should cite three authors et al.: It is our house style to list a maximum of six authors and, if there are more than this, three authors et al.

5. Please ensure all tables and boxes are titled and cited in the text. Three-line tables are preferred.

Please find a link to the African Journal of Gastroenterology and Hepatology Author Guidelines, which explains these sections in more detail: <https://ajgh.journals.ekb.eg/journal/authors.note>.

6. Please check the PDF file of your manuscript regarding plagiarism checking.

7. Please add the scale bar, annotations, magnifications, and the program that generated these figures. Also, it is better to submit figures with high resolution and brightness.