Author's response to reviews

Title: Association between altered placental human chorionic gonadotrophin (hCG) production and the occurrence of cryptorchidism: a retrospective study

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Author's response to reviews:

Dear Editor,

Thank you very much for reviewing our revised manuscript "Association between altered placental human chorionic gonadotrophin (hCG) production and the occurrence of cryptorchidism: a retrospective study".

Several changes have been made in the enclosed revision of the manuscript.

Response to reviewers

Reviewer 1
« The paper well written, although the authors have missed the fact that there is a new convention in English for naming of syndromes so that there is no longer use of an apostrophe “s”. The reference to Down syndrome should be corrected accordingly. »

We have corrected these mistakes in the revised version of the manuscript.

“In the 11st paragraph of the results the word associated is spelt incorrectly. In line 141 in the 1st part of the Discussion hypospadias is spelt incorrectly. Apart from these very trivial corrections I thought this was very interesting paper and deserves publication. »

These mistakes have been now corrected in the revised version of the manuscript.

Reviewer 2
“The patients with bilateral cryptorchidism had micropenis?”

One patient with cryptorchidism had bilateral cryptorchidism. In this patient, we excluded hypogonadotropic hypogonadism by performing testosterone measurement after an hCG test and by measuring Inhibin B and AMH levels; all
hormone levels were in the normal range.

This has been added in the Methods section, line 90:

“In patients with bilateral cryptorchidism and/or associated micropenis, hypogonadotropic hypogonadism was excluded by testosterone measurement following an hCG test, as well as baseline inhibin B and antimullerian hormone measurements.”

The authors observed some differences in levels of hCG in bilateral and unilateral cases?

We did not observe any significant difference in hCG levels between bilateral and unilateral cases.

This has been indicated in the Results section, line 121:

No difference in clinical as well as biological characteristics was seen between subjects with unilateral cryptorchidism, bilateral cryptorchidism, or cryptorchidism associated with micropenis (not shown).

I suggest the exclusion of the patients with micropenis in this study.

The exclusion of the 5 subjects with micropenis and cryptorchidism did not change the significance of our comparisons. Since both micropenis and cryptorchidism could be due to lower fetal testosterone production, we would like to keep these patients in the studied cohort. However, if the reviewer considers this request as unacceptable we will exclude these patients.

The reference cited by the reviewer is very interesting and relevant to the subject of this manuscript. It was included in the revised version as Reference 6. The references have been renumbered appropriately.

We wish to thank you again for the provisional acceptance of our manuscript.

Sincerely yours,

Regis Coutant, MD