Author's response to reviews

Title: Giant cystic parathyroid adenoma presenting with parathyroid crisis after Vitamin D replacement

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Author's response to reviews: see over
Dear Sir/Madam,

We are submitting the revised version of our manuscript titled “Giant cystic parathyroid adenoma presenting with parathyroid crisis after Vitamin D replacement”.

We greatly appreciate the reviewers’ reports, and believe that the suggested changes would strengthen our manuscript.

The changes in the manuscript are highlighted in yellow. Following changes have been made;

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Reviewer: George Sakorafas

1. The authors should report the surgical approach used for the excision of the parathyroid lesion (i.e. through a neck incision? what was the role of thoracic surgeons?)

Response: Please refer to Fig 2 A-D. It was a huge mass extending down into the superior mediastinum. For good surgical clearance, both otorhinolaryngology and thoracic surgery teams worked together. It was a T shaped incision with horizontal part in the neck and vertical part extending onto the chest. We have now written this in the “Case Presentation” section.

2. It is of interest to know if the patient suffered clinical manifestations of the bone hungry syndrome postoperatively.
Response: The patient did not have postoperative hypocalcemia, and there were no clinical features to suggest hungry bone syndrome. We have now written this in the “Case Presentation” section.

Reviewer: Haggi Mazeh

1. Please add to the case report that parathyroid carcinoma was suspected and that is the reason why an aggressive surgical approach was taken with resection of the thyroid lobe and lymph node dissection. This is an important aspect that needs highlighting.

Response: Yes, the clinical and biochemical profile of our patient led to the suspicion of parathyroid carcinoma. Earlier, we had only written this in the “Discussion” section, but now we have written this in the “Case Presentation” section as well.

2. Please describe what was the lymph node dissection that was performed - unilateral central? selective? only suspicious looking?

Response: Only suspicious looking lymph nodes from levels VI and VII were removed. We have now mentioned this in the “Case Presentation” section.

3. Numbers less than ten should be worded (e.g. eight, not 8).

Response: Changes have been made as suggested.

Reviewer: John H. Yim

1. Abstract - In general, vitamin D deficiency does not protect patients with primary hyperparathyroidism. Most patients do not develop life threatening hypercalcemia from vitamin D replacement. In general, vitamin D replacement may unmask subclinical hyperparathyroidism. This is an unusual case.
Response: Changes have been made in the “Abstract” section as suggested.

2. Background - It should be stated that: “When parathyroid cysts have been identified before biochemical work-up it has been documented that approximately 10% are functional [5]; however, when cervical exploration is performed for both hyperparathyroidism or cervical mass cystic parathyroid lesions are seen in up to 4% of patients [8,10], and are much more commonly than non-functional parathyroid cysts [10].

Response: Suggested change has been made in the “Background” section. In doing so, our reference numbers have now changed.

3. Case Presentation - Parathyroid Hormone should be more specific, such as intact parathyroid hormone level or intact PTH level, e.g. It should be documented whether the cyst had ruptured.

Response: Suggested changes have been made. We have now written “Intact PTH level”. We have now documented that the cyst had not ruptured.

4. Discussion - Once again it should be documented that in most cases vitamin D replacement does not result in life threatening hypercalcemia.

Response: Suggested change has been made in the “Discussion” section. It is now clearly written that in most cases, Vitamin D replacement does not result in life threatening hypercalcemia.

5. Conclusion - Once again it is excessive to state that vitamin D deficiency is protective. The patient may have become dehydrated for other reasons which may have precipitated the crisis.

Response: Suggested change has been made in the “Conclusion” section.
While re-drafting one of the paragraphs in the “Background” section, we had to slightly shuffle the reference numbers, and we have also deleted one of the references (No. 9).

We once again thank the editors and the reviewers for their precious time and efforts in pointing out the deficiencies in our manuscript. We believe this has significantly helped in improving our manuscript.

Thank you,

Dr Ali Asghar
(and co-authors)