Author's response to reviews

**Title:** Acute severe hypothyroidism is not associated with hyponatremia even with increased water intake: a prospective study in thyroid cancer patients

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Dear Editor,

I would like to thank the Editorial Team and Reviewers for excellent comments. The following is our point-by-point response.

**Editorial Team:**

1) The full name of the ethics committee that approved the study is now included under Methods, page 7, 2nd paragraph.

2) Sections on competing interests, authors contributions, and acknowledgment are now included after the Conclusions section.

3) The manuscript is now revised (names of sections and references) to conform to the journal style.

**Reviewer Betul Hatipoglu:**

Thank you.

**Reviewer Michael Croxson:**

Thank you.

1) As recommended, a Table summarizing data of the 22 patients who developed hyponatremia is now included (Table 1, Results, page 9, 1st paragraph).

2) At our hospital we follow a standard protocol to prepare patients for radioiodine treatment. We typically withdraw thyroxine therapy for 5 weeks, give liothyronine 25 µg twice a day for 3 weeks, and then stop all thyroid medications for 2 weeks during which patients are instructed to follow low-iodine, low-salt diet. Most patients included in this study followed this protocol. A sentence to this effect is now added under Methods, page 6, 1st paragraph. The mean (SD) and
details of the duration of thyroxine withdrawal are now included under Results, page 8, 1st paragraph. Individual values of duration of thyroxine withdrawal are included in Table 1.

3) The mean (SD) and details of duration of isolation are now included under Results, page 8, 1st paragraph. Individual values of isolation duration are included in Table 1.

4) Our low iodine diet was also a low sodium diet. The relevant sentence under Methods, page 6, 1st paragraph is now revised accordingly (also under Discussion, page 11, 2nd paragraph, line 14). Unfortunately we did not measure pre and post isolation spot urine sodium.

5) “Euthyroid” sodium levels obtained within 4 to 12 months from the hypothyroid episode are now included in Table 1. We have previously compared “euthyroid” to hypothyroid sodium concentrations and found a mean difference of 1.18 mEq/l (reference 2 and Discussion, page 11, 2nd paragraph, line 2). In the current study, we were mainly interested in the potential additional drop in sodium concentration in association with increased fluid intake, nausea, and anxiety.

6) We elected to keep Figure 1 illustrating the correlations; it provides individual data that may be of interest to some readers.

We hope that the revised manuscript is satisfactory.

Best regards,

Muhammad M Hammami, MD, PhD