Reviewer's report

Title: Localized subacute thyroiditis presenting as a painful hot nodule

Version: 1  Date: 20 September 2013

Reviewer: Ali Rizvi

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To the authors:

Please strongly consider revising your diagnosis of subacute thyroiditis. This diagnosis is not supported because of the normal thyroid function tests, normal tests of inflammation (white count and sedimentation rate), and normal thyroglobulin. Critically important relevant tests, like a radioiodine uptake and peroxidase antibodies, were not done or are not mentioned. A more likely explanation for the neck pain may have been acute change or hemorrhage within a nodule/cyst, and the increased tracer activity on the thyroid scan could merely represent a "warm", rather than "hot" nodular area. In fact, there is little benefit in obtaining a scan when the circulating thyroid function tests are normal and the patient is euthyroid. The only "evidence" of subacute thyroiditis is the presence of multinucleated giant cells on the biopsy specimen (which by itself is nonspecific and insufficient if the clinical-biochemical context is not supportive) and the response to high dose prednisone, which is also nonspecific. The clinical improvement and nodule resolution may have been spontaneous and unrelated to prednisone.

If you agree that the correct diagnosis is a painful, acute change in a thyroid nodule in a euthyroid individual rather than localized subacute thyroiditis, then this would only be an interesting, but not rare or reportable, case.

Level of interest: An article of insufficient interest to warrant publication in a scientific/medical journal

Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests