Author's response to reviews

Title: Evaluation of pituitary function after infectious meningitis in childhood

Authors:

Claudia Giavoli (claudia.giavoli@gmail.com)
Claudia Tagliabue (claudia.tagliabue@unimi.it)
Eriselda Profka (maria.favero@policlinico.mi.it)
Laura Senatore (lausen88@hotmail.it)
Silvia Bergamaschi (silvia.bergamaschi@policlinico.mi.it)
Giulia Rodari (hollie1979@yahoo.it)
Anna Spada (anna.spada@unimi.it)
Paolo Beck-Peccoz (paolo.beckpeccoz@unimi.it)
Susanna Esposito (susanna.esposito@unimi.it)

Version: 3 Date: 21 September 2014

Author's response to reviews:

Editor
BMC Endocrine Disorders

Milan, 20 September 2014

Dear Editor,

Please find attached our manuscript MS: 5658653541384220 “Evaluation of pituitary function after infectious meningitis in childhood”, which we submit for publication in BMC Endocrine Disorders.

Please find attached the revised manuscript and our replies to reviewers’ comments and recommendations. The authors, all of whom contributed significantly to the manuscript and declare that they have no potential conflict of interest, have seen and approved the final version of the manuscript.

We declare that the text has been reviewed by a native English speaker with appropriate knowledge of the subject matter. We hope that you will now find the paper suitable for publication in BMC Endocrine Disorders.

Yours faithfully,

Susanna Esposito
Pediatric Highly Intensive Care Unit
Department of Pathophysiology and Transplantation,
Università degli Studi di Milano,
Reviewer 1

Reviewer's report:
Giavoli et al. evaluated the incidence and clinical impact of pituitary dysfunction in children with a history of meningitis of different aetiologies. The paper is interesting and well written and shows that pituitary dysfunction is uncommon in paediatric meningitis. I think that the authors should consider some revisions of their manuscript that could improve its contents.

Re: Thank you for the appreciation of our manuscript. The text has been revised according to your suggestions.

1. In the introduction, authors should clarify whether in adults with meningitis pituitary dysfunction has been associated with specific microorganisms.

Re: It has been clarified that in adults pituitary dysfunction has been observed in viral as well as bacterial meningitis (p. 1, line 54).

2. A Figure showing serum cortisol levels during SDST (standard dose Synachten test) in each patient should be added.

Re: Fig. 1 that shows the cortisol response to SDST in each patient has been added (p. 6, lines 136-137; Fig. 1).

3. In the discussion, authors should consider that the aetiology of their cases was quite heterogeneous and that especially in TB meningitis as well in neonatal meningitis the results could be different. I understand that is quite difficult to identify a large cohort of patients with meningitis due to a specific aetiological agent, but this point should be highlighted.

Re: It has been clarified that a limitation of the study is represented by the heterogeneous aetiology of the cases as well as by the fact that none of them had severe neurologic involvement. It could be possible that in complicated cases as tuberculous meningitis or neonatal meningitis and in presence of severe neurologic deterioration the results could be different (p. 7, lines 168-171).

4. It could also be possible that meningitis severity influences the frequency of pituitary dysfunction. Information on this subject in the results section and a comment in the discussion should be useful.
Re: It has been clarified that all the patients had a Glasgow Coma Scale #14 (p. 4, line 88). The potential role of severe neurologic deterioration in influencing the frequency of pituitary dysfunction has been considered (p. 7, lines 168-171).

5. A practical suggestion on what authors recommend in children with meningitis is needed. Do they suggest specific examinations, at least once, and an endocrinological follow up or not?

Re: We do not recommend systematic endocrine evaluation and specific examinations of children diagnosed as having meningitis, but we suggest a regular clinical follow-up with registration of height and weight (p. 7, lines 179-183).

Reviewer 2

Abstract: Line 39/40 please make two sentences.
Re: The sentence has been divided in two parts as suggested (p. 2, lines 39-40).

Background: line 63-65. For a better understanding please rephrase.
Re: The sentence has been clarified (p. 2, lines 62-64).

Methods: Please give a comment in regard with the timing between the moment of meningitis diagnoses and blood sampling for the study.
Re: It has been clarified when blood samples have been obtained (p. 4, line 95).

Discussion: line 139: Why did you include also traumatic brain injury in the discussion?
Re: The sentence on age-related difference in susceptibility to pituitary damage in traumatic brain injury similarly to findings obtained in meningitis has been clarified (p. 6, lines 144-147).

Reviewer 3

Reviewer's report:

Ready to be accepted.

Re: Thank you for the appreciation of our manuscript. The text has been revised according to other reviewers' suggestions.