Author's response to reviews

Title: Transient hypercortisolism and symptomatic hyperthyroidism associated to primary hyperparathyroidism in an elderly patient: case report and literature review

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Author's response to reviews: see over
Dear Dr. Timothy Shipley
Executive editor of BMC Endocrine Disorders

Enclosed is a paper entitled: “TRANSIENT HYpercortisolism AND SYMPTOMATIC HYpERTHYROIDISM ASSOCIATED TO PRIMARY HYPERPARATHYROIDISM IN AN ELDERLY PATIENT: CASE REPORT AND LITERATURE REVIEW” by Chiara Sabbadin, Gabriella Donà, Luciana Bordin, Maurizio Iacobone, Valentina Camozzi, Caterina Mian and Decio Armanini, which we submit as case report for publication to BMC Endocrine Disorders.

All authors have read and approved the submission of the manuscript; the manuscript has not been published and is not being considered for publication elsewhere, in whole or in part, in any language.

The authors have nothing to disclose.

Written informed consent was obtained from the patient for publication of this Case report and any accompanying images. A copy of the written consent is available for review by the Editor of this journal.

Primary hyperparathyroidism (PHPT) is the third most common endocrinopathy seen today, frequently found in the 6th to 7th decade of life. It is often discovered routinely on blood test, at a relatively asymptomatic stage. However many studies suggest different systemic effects related to PHPT, which could be enhanced by abnormal cortisol release due to chronic stress of hyperparathyroidism. In this paper we report a complex case of an elderly patient whit symptomatic PHPT associated with multiple comorbidities, in particular the finding of a functional hypercortisolism, resolved only after parathyroid surgery. The post-operative period was also characterized by a symptomatic transient
thyrotoxicosis, probably induced by a previous exposure to iodine load and/or the thyroid surgical manipulation. The early recognition and treatment of this condition may improve final outcome, especially in elderly patients.

In conclusion, all these findings suggest new expert opinion-based guidelines for surgical treatment of PHPT in old patients.

The last version of the manuscript has been reviewed for the following changes:
- the “competing interests” section has been reported after the conclusion of the manuscript;
- the “authors’ contributions” section has been reported after the “competing interests” section;
- the title and the abstract has been changed according to the guidelines for authors suggested;
- the main text of the case report has been reviewed adding “background” (lines 51-66) and “conclusions” sections (line 203-215) and the “list of abbreviations used” after the consent.

Best regards,

Chiara Sabbadin

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