Author's response to reviews

**Title:** Pre-clinical cardiac involvement in adulthood growth hormone deficiency: role for left ventricular remodeling. A single-centre case-control study

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**Author's response to reviews:** see over
Messina, 27 January 2005

Dear Editor,

enclosed please find the second revised version (de Gregorio file_3) of the manuscript Pre-clinical cardiac involvement in adulthood growth hormone deficiency: role for left ventricular geometric remodeling. A single-centre case-control study.

We deeply thank prof Salerno for the insightful comments that made this manuscript better in quality and contents.

We have carefully reviewed the paper according to these last constructive suggestions.

Please, find the point-by-point answers underneath:

**Major points**

1. The aim of the study is still unclear. Is the aim of the study to evaluate whether obesity and hypertension in GHD subjects may be responsible of cardiac abnormalities, and in particular of LV eccentric hypertrophy?

   We better clarified the aims of the study both in the abstract and introduction (see blue-coloured text)

2. If yes, why the Authors do not compare GHD patients with obesity and/or hypertension with those with normal weight and pressure? Also, they could show in a table the differences in BMI, IGF-I and cardiac parameters including pressure of GHD patients with eccentric hypertrophy compared to the others who were not affected by eccentric hypertrophy

   Actually, the aim of this study was to demonstrate the contrary. Most GHD patients are overweight. In the real life, overweight subjects can show LV hypertrophy, even in the absence of cardiac disease. LV hypertrophy, and not hypotrophy, was strongly correlated with higher incidence of CV events. We tried to establish whether there is a role of GHD as a determinant of LVM/LVMI, independently on the risk of LV hypertrophy BMI-related. Based on this study, we hardly believe that GHD, per se, increases CV death, other than while considering other cofactors such as a higher IGF-1, SBP, etc.

3. Statistical analysis: the sentence “The GHD population was also divided into 3 …..” should be moved to the section Study population

   This sentence was moved and rewritten (see the section “Study population”).

4. Statistical analysis: what does the sentence “Student t-test was applied to the linear correlation…..” mean?

   This sentence was rewritten correctly. Sorry for this error.

**Minor points**

1. Discussion: the sentence “In agreement with our data ….” should be changed in “Our data, in agreement with…..”

   We thank the reviewer for this indication. This sentence has been changed in the “discussion”.

2. Table 1: what does the sentence “* p=0.05” mean in the legend of table 1? No asterisk is present in table 1

   This point has been properly corrected.

3. In the legend of the tables should be stated, clearly, to which statistic test the P value in the last column refers.

   The p-value reported in the last column of three group analysis refers to the Scheffe’s test, that is one of the methods to calculate the variance (such as ANOVA correction). Scheffe’s (or Scheffé, in some statistical packages) allows calculating the overall p-value (among 3 or more groups), but also provide the p-value between 2 subgroups, as we reported - if any - in the legend of the table.

We hope this second revised version of the paper could be now considered for publication in *BMC Endocrine Disorders*.

Sincerely yours,

Cesare de Gregorio, MD
On behalf of the authors
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