Author's response to reviews

Title: Primary growth hormone resistance: A case report and unusual syndrome presentation

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EDITORIAL REQUESTS

The patient’s ethnicity has been included in the case presentation section of the manuscript.

The patient’s initials were removed, to preserve the anonymity of the patient.

The discussion section has been titled.

The consent and competing interest sections were included in the recommended format after the conclusion section.

Consent was obtained from the patient’s legal guardian.

The “Authors’ contributions” section was included.

The “Patient’s Perspective” section was included.

Answering the reviewers’ requests

The manuscript was extensively reviewed and formatted in accordance to the suggestions of the referees and the instructions for authors concerning the presentation of case reports instead of the initial construction as a mini-review.

Regarding Dr. Aysin Uckun-Kitapci’s requests:

We thank Dr. Aysin for his comments and suggestions.

General comments: The general information was included in the “Introduction” section. In the “Discussion” section reference to how our case relates to current literature has been included.

Revisions necessary for publication:

1. The abbreviations have been defined in the “Abbreviations” section, following the order they were first used in the text.

2. The references number have been reduced to 14.

3. Reference to the R217X mutation has been made in the “Discussion” section.

4. The phrase “a homozygous carrier of the R217X mutation” has been changed to “homozygous for the R217X mutation in the GHR gene”.

Regarding Prof. Laron’s requests:

We thank Prof. Laron for his comments and suggestions.

If hypothyroidism had been induced by primary thyroid function impairment, TSH levels should have been high. Nevertheless, TSH levels have always been in normal range, even in the presence
of low serum FT4. Replacement therapy with 1.25 mcg/kg of LT4 induced normalization of FT4 levels with subsequent suppression of TSH, suggesting central hypothyroidism.

Bone age at beginning of rIGF-1 therapy was not available because the patient started rIGF-1 therapy in another center.

Unfortunately, we are not aware of other patients with Laron syndrome in our region and a national registry is under construction.