Author's response to reviews

Title: A 66 year old lady presenting with hypopituitarism due to pituitary infiltration by diffuse large B cell non-Hodgkin's lymphoma which completely recovered following therapy: a case report

Authors:

Manohara Kenchaiah (manohar_15@hotmail.com)  
Steve L Hyer (steve.hyer@esth.nhs.uk)

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Author's response to reviews:

11.8.11
Editor

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Dear Sir /Madam

Thank you for your response to our article. We have modified the paper in line with the reviewers’ comments and hope this is now acceptable to you.

We detail the changes below.

With kind regards

Manohar Kenchaiah

Changes

Editor’s comments:

1. Title changed: A 66 year old lady presenting with hypopituitarism due to pituitary infiltration by diffuse large B cell non-Hodgkin's lymphoma which completely recovered following therapy: a case report

2. Abstract: ethnicity now included

3. Header now shows Case presentation
4. Authors contributions changed:
MK collected data, performed literature search and wrote first draft of manuscript
SH supervised project, reviewed literature and revised manuscript

5. We have reworded the discussion and modified the references accordingly.

Reviewer 1

5. Table of results has now been added

6. We have substituted the following sentence in the abstract: “A partial recovery of pituitary function after treatment with chemotherapy has previously been described but complete recovery with cessation of all hormone supplements is excessively rare” we have also added “sustained” in the next sentence.

7. We have changed “hypophyseal” to pituitary

8. The cause of the hyponatraemia was adrenal insufficiency. SIADH cannot be diagnosed in the presence of adrenal or thyroid deficiency. After correction of these deficiencies, the sodium returned to normal.

9. IGF-1 levels are poorly predictive of GH deficiency; we are certain that she would have demonstrated GH deficiency at stimulation testing eg insulin stimulation test, but this was not considered justified.

10. The PET image was reported as showing increased uptake in the pituitary and base of skull. Unfortunately this is the only image we have.

11. We have now included details of the MRI scan

12. We have added an arrow to show typical large lymphocyte infiltration

13. We have clarified the PET images and expanded the captions

Reviewer 2

14. The patient had no B symptoms from her lymphoma

15. There was no extension into the cavernous sinuses and no cranial nerve involvement

16. No autoantibodies were demonstrated

17. Having diagnosed Stage 4 lymphoma by staging scans, the oncology team did not feel lumbar puncture was necessary and proceeded to chemotherapy. The authors agree that this might have given useful information.

18. ACTH was measured and was only 4 ng/l. We have added a sentence: Baseline plasma ACTH was reduced at 4 ng/l [reference range 10-40] in keeping
with secondary hypoadrenalism

19. MRI was only performed at presentation and was reported as normal. It was not repeated following treatment as we had normal PET images.

20. We have added a table of results before and after treatment (see 5 above); we have no further images of the pituitary PET scan.

21. We make the point in the discussion (sentence 5, first para of discussion), that isolated anterior pituitary dysfunction is not uncommon and was indeed present in 6/13 cases in a literature review. We assume that there is sparing of the posterior lobe in these (and our) case.

22. We have now included the immunophenotyping performed was with CD19, CD20, CD22, CD79, BCL-2. We have added the magnification as x 200.