Reviewer’s report

Title: Reversible hypopituitarism after treatment for diffuse large B cell non-Hodgkin’s lymphoma metastasizing to the pituitary: a case report and discussion

Version: 1 Date: 9 July 2011

Reviewer: Brian Layden

Which of the following following best describes what type of case report this is?: An unexpected event in the course of observing or treating a patient

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is the case report ethical?: Yes

Is there any missing information that you think must be added before publication?: Yes

Is this case worth reporting?: Yes

Is the case report persuasive?: Yes

Does the case report have explanatory value?: Yes

Does the case report have diagnostic value?: No

Will the case report make a difference to clinical practice?: Yes

Is the anonymity of the patient protected?: Yes

Comments to authors:

GENERAL COMMENTS to AUTHORs:

Major Revision necessary for publication.

1) The major claim of this case report is that treatment of this patient’s lymphoma resolved the patient’s anterior hypopituitarism. However, the authors do not include data to support this claim. The following is needed off of steroids and thyroid treatment; morning cortisol, free t4, and the FSH and LH values.

Other Minor Points:
For Abstract:

2) The second sentence in the abstract should be removed and state something about the reversible nature of pituitary function and if it has been observed in cases such as these.

For Introduction:

1) For the first sentence, hypophyseal should be replaced with pituitary.

For the section called “case report”:

1) What was the cause of the hyponateremia, was SIADH considered and ruled out.

2) The igf1 was normal, which is surprising in the setting of generalized pituitary dysfunction (any comments).

3) The PET scan, as far as I can tell, does not show any activity in the pituitary. Can a better image of the PET be provided.

4) Full recovery of adrenal, thyroid and gonadal axes was observed, we need the data!

For the discussion

It needs to be rewritten and focused.

Other Minor Points:

1) Please mention more details on MRI image provided (flair, etc)

2) Please identify on Figure 3 the pathology with an arrow (or other schematics)

3) Figure 4 is not labeled, unclear which panel is before and after, and what top row is showing

Quality of written English: Needs some language corrections before being published

Declaration of competing interests:

Nothing to declare