Author's response to reviews

Title: Recurrent Urinary Sepsis - An Undiagnosed Tumour

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Author's response to reviews: see over
Dear Dr Gupta,

Firstly we wish to express our gratitude for the constructive review of our manuscript entitled ‘Recurrent Urinary Tract Infections – An Undiagnosed Tumour’ (MS: 1914203254353013).

As advised in your email (7th June 2010) we have revised this manuscript accordingly and resubmitted it for review. We feel that the comments made by the reviewers and the subsequent corrections have significantly improved the clarity of the manuscript and strengthened the message being conveyed by the authors.

We will now address each of the reviewers’ comments in order to satisfy the editorial board of this manuscript’s suitability for publication.

**Reviewer #1 Comments:**

*Recurrent "urinary sepsis," or recurrent urinary tract infection as we would say in the US, is a very common condition in women, especially with diabetes.*

All references to recurrent urinary sepsis, including the title of the manuscript, have been replaced with ‘recurrent urinary tract infections’ to remove any ambiguity.

*The authors do not comment on the presence or disappearance of the condition after surgery, which would at least help to show that it was related to the tumor.*

At follow-up the patient denied any further recurrence of urinary tract infections or related symptomatology. The following statement has been added to the ‘Case Presentation’ section of the manuscript....‘She denies any further recurrence of urinary tract infections post-operatively’.

*Also, they purport that the recurrent infections were due to compression of the kidney; however, that would cause pyelonephritis not cystitis as is implied in the text. Perhaps the authors could clarify whether this was cystitis or pyelonephritis.*

The classification of urinary tract infection in this case is simple cystitis not pyelonephritis. In response to the reviewers’ comments we retract our claims that the tumour had a compression effect on the kidney predisposing to urinary stasis. It stands to sense that this would cause a pyelonephritis and not simple cystitis as we claimed. This statement has been omitted from the text accordingly.

*Urinary tract infections can be related to sexual intercourse, and there is no description of a sexual history from the patient.*

On further questioning of her sexual history, the patient is not sexually active. This statement has been added to the ‘Case Presentation’ section of the manuscript.
Finally, the classic signs and symptoms of pheochromocytoma were present at the initial evaluation of the patient and these seemed to guide the workup rather than the recurrent urinary tract infection.

This patient was diagnosed with latent autoimmune diabetes of adulthood aged 38 years on commencement of insulin therapy following gestional diabetes in the context of normal BMI and elevated anti-glutamic acid decarboxylase antibodies. In addition to a 3-month history of increased insulin requirements, elevated HbA1C, poorly controlled glucose levels and uncontrolled hypertension she reported recurrent urinary tract infections. These were laboratory confirmed *E.Coli* urinary sepsis and the investigation of choice ensuing this was renal ultrasound to rule out aberrant anatomy or underlying lesions of the renal tract. Interestingly, this lead to the incidental finding of a large right adrenal mass which was further differentiated by CT imaging.

**Reviewer #2 Comments:**

*The discussion is too long.*

The following sentences have been omitted from the discussion to make it more succinct.

- Less than 25% of pheochromocytomas occur as part of a familial syndrome.
- The clinical presentation includes symptomatic tumours, adrenal incidentalomas and diagnosis following screening for familial syndromes.
- Hypertension and anxiety are also typically evident.