Author's response to reviews

Title: Migratory fish bone penetrating through the thyroid gland with cutaneous fistula: a case report

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Author's response to reviews: see over
Dear Professor Michael:

Thank you for your kind letter and for the referees’ comments on the above manuscript. To comply with the referees’ concerns, we have revised our manuscript as precisely as possible, and all points raised by the referees are addressed in our revision. We appreciate your valuable comments, which helped to improve our manuscript. Our detailed answers to the comments are enclosed.

Each of the authors has contributed to, read and approved this manuscript. None of the authors has any conflict of interest, financial support or otherwise. This manuscript is original and it, or any part of it, has not been previously published; nor is it under consideration for publication elsewhere.

I look forward to hearing from you.

Sincerely yours,

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To Referee 1:
Comment: Very well written article, but the content is just not consequent enough. The case does provide neither diagnostic decisional tree nor therapeutic guidance.
Answer: Migratory fish bone foreign bodies are uncommon. We physicians encounter this rare entity unexpectedly whenever it occurs. We should therefore be aware of such seemingly unreasonable event in order to accomplish prompt diagnosis and accurate treatment. In this sense, we believe this case report is useful and valuable.

To Referee 2:
Comment 1: Did the authors re-check TSH and free T4 at the 18 week follow-up to see if there was a need for L-thyroxine replacement after hemithyroidectomy? Can the authors cite literature regarding the need to replace L-T4 after hemithyroidectomy (varies...)?
Answer: No, we did not check postoperative thyroid function. As the referee pointed out, hemithyroidectomy sometimes causes hypothyroidism. According to a previous report, more than 10% of patients who had undergone hemithyroidectomy manifested hypothyroidism (Su SY, Grodski S, Serpell JW: Hypothyroidism following hemithyroidectomy: a retrospective review. Ann Surg 2009, 250: 991-994). We should be aware of the patient’s thyroid function monitoring from now on. This statement was added in the Discussion section with the cited reference (page 5, lines 16-18; reference [10]).

Comment 2: Can the authors define pyogenic granuloma? Entering the key words pyogenic granuloma, thyroid, nothing has been published in PUBMED. However, the term pyogenic granuloma is used in many other locations. Would refer to an encyclopedia in dermatology or a good textbook such as "Fitzgerald".
Answer: Pyogenic granuloma is a benign vascular lesion of the skin and mucosa usually caused by repeated trauma, which looks a red, oozing and bleeding lump (Grevelink S, Mulliken J: Vascular Amomalies. In Fitzpatrick’s Dermatology in general medicine. Volume 1. 5th edition. Edited by Freedberg I, Eisen A, Wolff K, Austen K, Goldsmith L, Katz S, Fitzpatrick T. New York: McGraw-Hill; 1999, 1175-1194). In the present case, the diagnosis of pyogenic granulation by a previous doctor was incorrect after all. It is therefore a matter of course that the referee found no item in the PubMed search with key words of “pyogenic granuloma” and “thyroid”.

Comment 3: The following citations should be added to the reference list:
Tien KJ et al. Acute suppurative thyroiditis with deep neck infection: a case report. Thyroid 2007; 17: 467-9
**Answer:** Thank you for your suggestion. We cited the above 3 references in the Discussion section (page 4, lines 18-19; references [7-9]).

**To the Editor:**

**Comment 1:** Please include the patient's ethnicity in the Case Presentation section. The Case Presentation should present all relevant details concerning the case. The case presentation should contain a description of the patient's relevant demographic information (without adding any details that could lead to the identification of the patient); any relevant medical history of the patient; the patient's symptoms and signs; any tests that were carried out and a description of any treatment or intervention. This section may be broken into subsections with appropriate subheadings. If it is a case series, then details must be included for all patients.

**Answer:** We added the patient’s ethnicity, Japanese, in the Case presentation section (page 3, line 8).

**Comment 2:** Please include the ethnicity of the patient in the abstract.

**Answer:** We added the patient’s ethnicity, Japanese, in the Abstract (page 2, line 4).

**Comment 3:** Please replace the header “Case report” with “Case presentation”.

**Answer:** The header was changed accordingly (page 3, line 7).

**Comment 4:** Please restructure the authors’ contribution section. We suggest the following kind of format (please use initials to refer to each author's contribution): FC analyzed and interpreted the patient data regarding the hematological disease and the transplant. RH performed the histological examination of the kidney, and was a major contributor in writing the manuscript. All authors read and approved the final manuscript.

**Answer:** We restructured the authors’ contribution section as below:

T.O., T.T., and H.S. analyzed and interpreted the patient data. T.O. and H.S. were major contributors in writing the manuscript. The final manuscript was read and approved by all authors.

**Comment 5:** Please remove the date/s found in the Case presentation. Instead, please use phrases such as “two months after follow-up”, etc.

**Answer:** So as not to lead to the identification of the patient, the actual dates in the Case presentation of the previous manuscript were replaced by rough descriptions of time as follows:

“on June 14” -> “in the middle of June” (page 3, line 12)

“on July 4” -> “20 days after initial visit to our department” (page 3, line 24).