Author’s response to reviews

Title: Oxalate nephropathy induced by octreotide treatment for acromegaly

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Author’s response to reviews:

Dear Professor Kidd,

We thank you very much for the helpful review of our document entitled “Oxalate nephropathy induced by octreotide treatment for acromegaly”.

We have addressed all the comments and issues raised by the reviewers.

Please find below the answer to the reviewers’ comments.

We have added a version with marked corrections and a final corrected version.

Reviewer 2

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

We have corrected the english grammar with all corrections noted on the marked corrected version of the manuscript.

Reviewer 3

Major comments:

1. More detailed clinical history would be helpful, in particular, if the patient had any symptoms or signs of malabsorption (if stool studies were performed) and
the duration of octreotide therapy before the renal diagnosis.

We have mentioned in the first paragraph of the case report part: « The medical history also revealed weight loss of 15 kg in the last months without fever, dysuria, diarrhea or other symptoms.” and also in the seventh paragraph of the same section: “During his hospital stay, no diarrhea was noted.” Unfortunately no stool studies were performed during the hospital stay. We have added information concerning duration of octreotide therapy in the first paragraph of the case report section as follows: “Due to a residual secretion of growth hormone the patient was then treated with octreotide since 10 years.”

2. How did the urine test results change after stopping octreotide and how long did it take for the changes to occur?

The second urinary test was performed 10 months after withdrawal of octreotide therapy with a normalization of oxalate urinary excretion as mentioned in the last paragraph of the part case report.

3. More thorough review of existing literature of similar cases and pathophysiology would be appreciated.

To our knowledge this is the first case of oxalate nephropathy following octreotide therapy. We have added substantial information about physiopathology of hyeroxaluria with:

In the introduction section:

Replacement of “bounds to oxalate in the intestinal lumen and the complex is excreted in the feces, […] lead to oxalate nephropathy either acute or chronic.”

by “Calcium plays a major role in the normal intestinal elimination of oxalate since[...] This excess of oxalate urinary excretion may lead to either acute or chronic oxalate nephropathy”

Minor comments:

1. Would recommend a thorough editing process for English grammar.

We have corrected the English grammar with all corrections noted on the marked corrected version of the manuscript.

2. The figures are mislabeled.

We have change the place of figure in the text.

3. Table 1: Needs titles (time of the urine values) for the second and third columns. Were these repeated following renal recovery?

We have precised that the first urinary collection (second columns) was performed during the hospitalisation and the second urinary collection was
performed 10 months after hospitalisation and withdrawal of octreotide therapy.

We feel that the constructive and helpful comments of the reviewers permitted us to improve substantially the quality of our paper, and we hope that it is now suitable for publication.

We thank you for your support.

Yours sincerely,

K. Gariani