Title: Subacute lymphocytic thyroiditis after lobectomy in a patient with papillary thyroid carcinoma: a case report

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Author’s response to reviews: see over
Dear Editor,

Thank you for your kind advice on the paper entitled “Subacute lymphocytic thyroiditis after lobectomy in a patient with papillary thyroid carcinoma: a case report” (MS: 1942632585795510). Most of the paper is corrected as you and reviewer’s recommended. We also changed some of the paragraphs to a better form. The corrections and revisions are as follow:

- The editorial team would like to request for formatting changes required for your manuscript, as it does not conform to the journal’s style.
  - **Answer**: Our manuscript formatting changes is corrected as your journal style.
- Please move abstract section on page 2.
  - **Answer**: I moved abstract section on page 2.
- Please use the term female in describing the patient’s gender both in abstract and case presentation sections. And - Please include the ethnicity of the patient both in the abstract and in the case presentation section of the manuscript. (Eg: Caucasian, African)
  - **Answer**: I described the patient “A 30-year-old Korean woman” both in abstract and case presentation section.
- Please replace the date (18 Apr 2012) found in the case presentation to the amount of time this occurred before the presentation of the case report.
  - **Answer**: I changed that paragraph as the patient had no thyrotoxic symptoms during one month of the preoperative period. She underwent a left thyroid lobectomy by endoscopic thyroidectomy via a transaxillary approach for the thyroid tumor.

**Reviewer’s comments (Ruggeri R.M)**

1. Has the patient a family history of autoimmune thyroid disease?

   **Answer**: I asked the patient and her mother again about family history of thyroid disease. They denied family history of thyroid disease.

2. What’s about the follow-up of this patient? The length of follow up should be clearly stated. That is, there was no follow-up at the time the Authors wrote the manuscript. And now? In my opinion it is important to know if hypothyroidism is transient and not permanent?
**Answer:** I described the follow up date in Table 1. This patient came to our hospital 21 Mar 2012 and she was operated 18 Apr 2012. The last follow up date was 11 Sep 2012 and now she treated with levothyroxine.

3. In my opinion it is important to know if hypothyroidism is transient and not permanent? Why the Author stated that “levothyroxine will be discontinued after three to six months”.

The patient underwent surgery for a papillary microcarcinoma. In my opinion, the patient should be treated anyway with L-T4.

**Answer:** I also want to know if hypothyroidism will be transient or permanent. Therefore, I wanted to discontinue LT4, however, as you know ATA guideline recommended LT4 for thyroid cancer patient. I will prescribe LT4 continuously.

4. The authors might wish to review and reference the following papers

**Answer:** I reviewed the two paper and it was very helpful to me.

5. In Case Presentation Section, the biochemical data that are reported in Table1 should be omitted from text. 6. Figure. Figure 2 should be delete.

**Answer:** I corrected as you recommended

**Reviewer’s comments (YJ Park)**

1. Please describe the finding of preOP scan (99mTc scan?) in his/her preOP history. Please clarify whether the "radioactive iodine uptake" was a real I131 uptake or a 99mTc uptake. Did you check both 99mTc scan and I131 scan/uptake? Please describe whether any CT scan using contrast agent was done before the 2nd thyroid scan or not. It might be important to interpret the finding the scan.

**Answer:** I described the finding of preOP scan as Preoperative Tc-99m scintigraphy checked at a local medical clinic shows normally uptake of the tracer.. The patient checked a 99mTc scan local medical clinic and 24hr uptake of $^{131}$I was checked at our hospital. I
described about CT scan as “Computed tomography scan using contrast agent was done three weeks before operation. No abnormal finding was noted”.

2. The authors described that "A 30-year-old woman was diagnosed with suspicious papillary thyroid carcinoma (PTC) by fine needle aspiration (FNA) at a local medical clinic" and "US-guided FNA was performed again on that nodule, and FNA cytology was diagnosed as suspicious PTC".

   Answer: The patient wanted to diagnose again about that thyroid nodule.

Then, is there any specific reason to check the BRAF mutation in the "suspicious PTC" cytology specimen?  Answer: The head and neck surgeon wanted to check BRAF mutation during FNA. Actually I didn’t check BRAF routinely.

Fig 2 could be removed because it dose not provide any additional information about this subacute lymphocytic thyroiditis case developing after operation.

   Answer: I removed the picture 2.

3. Please describe that the right thyroid was not manipulated during operation because the surgeon could not reached to the contralateral side using the endoscopic approach.

   Answer: The surgeon didn’t manipulated Rt. Thyroid gland, and described “The right thyroid was not manipulated during operation.”

4. Table1: please add a column of the normal reference values.

   Answer: I added normal value in Table 1.

5. Please describe about the parenchymal echogenecity in USG findings (Case presentation and Fig 1)

   Answer: I described US finding as “The transverse thyroid sonogram shows a diffusely enlarged thyroid gland with isoechoic and non-coarsened background parenchyma.”
(6) The OP date "18 Apr 2012" could be removed.

**Answer:** I removed.

Thanks very much again for your kindness. I look forward to hearing from you on our manuscript soon.

Sincerely yours,

Young Sik, Choi, M.D.

Professor