Reviewer's report

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

Version: 1 Date: 23 September 2012

Reviewer: Young Joo Park

Which of the following best describes what type of case report this is?: Unexpected or unusual presentations of a disease

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?: No

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?: Yes

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

Is the anonymity of the patient protected?: Yes

Comments to authors:

This is a case report of subacute lymphocytic thyroiditis developing right after lobectomy in a patient with papillary thyroid microcalcinoma.

Subacute lymphocytic thyroiditis is not an uncommon disease, but this case was developing right after lobectomy, that has not been reported yet.

This interesting case showed an initial elevation of serum Tg and free T4 with following increment of the titer of TPO Ab, suggesting that thyroid autoantigen released during operation provoked thyroid autoimmune response resulting thyroiditis.

There are some minor points to be addressed:

(1) Please describe the finding of preOP scan (99mTc scan?) in his/her preOP
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.

(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".

Then, is there any specific reason to check the BRAF mutation in the "suspicious PTC" cytology specimen?

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

(3) Please describe that the right thyroid was not manipulated during operation because the surgeon could not reach to the contralateral side using the endoscopic approach. It might be helpful to discriminate the case from the other case of destructive thyroiditis by palpation (parathyroid operation).

(4) Table 1: please add a column of the normal reference values.

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

(6) The OP date "18 Apr 2012" could be removed.

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

**Declaration of competing interests:**

'I declare that I have no competing interests'