Reviewer's report

Title: Syndrome of Inappropriate Antidiuretic Hormone (ADH) Associated with Ectopic ADH-secreting Gastric Adenocarcinoma: a case report

Version:1 Date:16 December 2013

Reviewer: John K Maesaka

Which of the following best describes what type of case report this is?: Findings that shed new light on the possible pathogenesis of a disease or an adverse effect

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?: Yes

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 manuscript includes many of the essential features of SIADH with hyponatremia, hypouricemia, concentrated urine, high urinary sodium concentration and increased plasma ADH levels in a patient with normal renal, thyroid and adrenal function. This manuscript can be improved by stating that all of these findings minus the ADH presence in carcinomatous tissue can be found in a patient with renal salt wasting (RSW), a term that should supplant cerebral salt wasting because renal salt wasting has been demonstrated conclusively in patients without cerebral disease. The major strength of this manuscript is the demonstration of ADH being present in the carcinomatous tissue and not in normal gastric cells. Differentiation between SIADH and RSW on first encounter is extremely difficult to make because clinical assessment of the volume status of
such patients is extremely inaccurate and unreliable. This differentiation is imperative to make because of divergent treatment goals, fluid restrict for SIADH and administer salt and water for RSW. ADH levels in both conditions can be elevated except for being appropriately increased in RSW and not so in SIADH. Removing the volume stimulus for ADH secretion in RSW can be accomplished with volume repletion with saline, which was not addressed in this patient, as saline would induce excretion of dilute urines and correction of hyponatremia. This diagnostic and therapeutic dilemma should be addressed in this manuscript with the conclusion that while SIADH could not be differentiated from RSW in this patient, the ectopic presence of ADH in the gastric tumor would strongly favor the diagnosis of SIADH.

Quality of written English: Acceptable