Reviewer’s report

Title: PSIS (pituitary stalk interruption syndrome): a case report and review of literature

Version: 1 Date: 20 February 2014

Reviewer: Tasnim Dr Ahsan

Which of the following best describes what type of case report this is?: An unexpected association between diseases or symptoms

If other, please specify:

The fact that Panhypopituitarism was missed when the associated Patent Foramen Ovale was surgically corrected five years ago is unusual, both from the association of this defect with PSIS in this case as well as the management, or the lack of it, at the time of surgery.

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?: No

Does the case report have diagnostic value?: No

Will the case report make a difference to clinical practice?: No

Is the anonymity of the patient protected?: Yes

Comments to authors:

1) Medical writing should be in 3rd person & past tense.
2) The description of the case needs more elaboration.
   a) There is no mention of the milestones of the early development.
b) There is no mention of the assessment of posterior pituitary function.

c) As this was the breech delivery, and the possibility of hypoxic brain injury has been implicated as a possible etiological factor for PSIS, some assessment of mental status & IQ needs to be described.

d) This patient must have had Panhypopituitarism, in particular hypocortisolism & hypothyroidism at the time of Foramen Ovale surgery. No description of peri-operative course has been given. Did the patient have any development & growth assessment & hormone assessment at that time?

e) Penis size is only described as "Small" & testicular size is described in mls at one place & in cms in another

3) Bone age was presumably calculated by referring to some standardized chart e.g. Gruelich & Pyle chart & not by just "X-rays done".

4) Standard abbreviations should be used for common lab parameters, like electrolytes & hormones. Similarly normal ranges should only be quoted for uncommon lab results or when alternative assay methodology is being used.

5) There is no discussion about the raised TSH value with a low FT4 level, which makes it primary or a combination of primary & secondary hypothyroidism, rather than secondary hypothyroidism alone. This result needed further testing & clarification

6) Only growth hormone replacement therapy is discussed in the main text as well as the conclusion, where as patient has a life threatening cortisol deficiency which should be addressed first.

7) Thyroxine & sex steroids are also required for adequate growth & development. No emphasis is laid on the replacement of these hormones with regards to somatic & sexual growth in this patient.

8) The conclusion needs to be re-written

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

Declaration of competing interests:

I declare that i have no competing interests