Reviewer’s report

Title: A patient with gastric cancer presenting with isolated adrenocorticotrophic hormone deficiency during chemotherapy: a case report

Version: 1 Date: 10 December 2013

Reviewer: Hiroyuki Tamiya

Which of the following best describes what type of case report this is?: Other

If other, please specify:

Educational case

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 case is gastric cancer patients coexisted with IAD. It will very educational to medical practitioners who are non-endocrinologists. However, I have a little bit doubt about diagnosis “IAD” is correct.

Please clearly write the important points about IAD and other endocrinological explanations in the manuscripts.
1. Diagnosis of IAD is really correct?  
Many missing informations remains.  
How about eosinohil counts on first blood tests?  
How about other 3 anterior pituitary hormonal test? You cannot say that spare ability of other 3 pituitary hormones are maintained without TRH, GRH, LHRH tests.  
How about patient physical examination? No written important negative findings (eg. pigmentation) in this manuscripts. Is he pale?  
Is the pituitary size normal? or a little bit atrohic?  
Why do you think TSH and PRL are slightly elevated?  
How about pituitary antibody or other autoimmune diseases.  
2. How about differential diagnosis of IAD?  
What is the candidate of differential diagnosis of IAD and why did you denied?  
3. Why do you think this very acute course of this patient even though you diagnose this patient as autoimmune disease like IAD.  
When do you assume the starting point of IAD.  
4. What is the condition of this patient when Cortisol test performed.  
Because plasma cortisol level 4.6 ug/ml is not low during night time supine position.  
Also, all endocrinological data should be written with blood test condition (Standing? supine?, rest?).  
5. Sodium chloride infusion is not the treatment of SIADH.  
(SIADH is water balance disease. Sodium infusion is sodium balance treatment, not water balance treatment. Please see the textbook of Electrolite or Nephrology.)  
Why did you choose this treatment?  
6. Do you think IAD and gastric cancer have relationship or only co-exist?