Author's response to reviews

Title: Psychogenic fever in a patient with small cell lung cancer: a case report

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Version: 5
Date: 8 April 2015

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JOURNAL REQUIREMENTS#
1# Copyediting# We recommend that you copyedit the paper to improve the style of written English. If this is not possible, you may need to use a professional language editing service. For authors who wish to have the language in their manuscript edited by a native-English speaker with scientific expertise, BioMed Central recommends Edanz (www.edanzediting.com/bmc1). BioMed Central has negotiated a 10% discount to the fee charged to BioMed Central authors by Edanz.

Response# We have copyedit the paper to improve the style of written English with the help of Edanz. Thank you for the 10% discount to the fee charged to me.

2# Acknowledgements.: Authors should obtain permission to acknowledge from all those mentioned in the Acknowledgements. Please list the source(s) of funding for the study, for each author, and for the manuscript preparation in the acknowledgements section. Authors must describe the role of the funding body, if any, in study design; in the collection, analysis, and interpretation of data; in the writing of the manuscript; and in the decision to submit the manuscript for publication.

Response#

Original Acknowledgements# We would like to thank all their colleagues who participated in this study: Prof. Peng Miao and Dr Jiang Shuang (Psychological clinic of Shengjing Hospital). Special thanks for Miss Xu Shuang, Zhuang Yi Di and Zhu Jin Mei (Nursing department of Shengjing Hospital).

The revised Acknowledgements# We would like to thank our colleagues who participated in this study: Prof. Peng Miao and Dr Jiang Shuang of the Psychological Clinic of Sheng Jing Hospital. We are especially grateful to Xu
Shuang, Zhuang Yi Di and Zhu Jin Mei of the Nursing Department of Sheng Jing Hospital. All contributors herein are acknowledged with their permission. We declare that we have no funding source(s) for this report.

REVIEWER’S COMMENTS:

Major Compulsory Revisions

1. In another hospital, a diagnosis of lung cancer was established in June 2012. Then, 4 course of chemotherapy probably finished in October 2012. The patient developed fever in November 2012, within one month after last chemotherapy and probably within 2-3 months after thoracic radiotherapy. Chest CT in December 2012(?) showed interstitial fibrosis. Considering clinical course and CT image, radiation pneumonitis was one of possible differential diagnoses. Was this fever caused by radiation pneumonitis? Did the fever spontaneously remit? The authors should clearly deny the possibility of fever caused by radiation pneumonitis.

Response: We make some illustration to exclude radiation pneumonitis as the cause of fever in the first paragraph of Discussion section.

Added as: ‘The mainstay treatment for radiation pneumonitis is oral steroid treatment. No steroid treatment was given during the course of the disease. Because the antianxiety agents improved the fever in a short time, we rejected the possibility of fever caused by radiation pneumonitis.’ (Page 8, line 179-182)

2. Psychogenic fever is relatively an exclusion diagnosis. Another hospital performed several antibiotics therapies, which were all ineffective for fever. On the other hand, based on the clinical course in another hospital and the physical findings assessed by the authors, the authors tried anti-anxiety agents on the fourth hospital day, which were effective for the fever. Negative bacterial culture is possible even after incomplete antibiotics therapy. Did another hospital thoroughly assessed the origin of fever before initiation of antibiotics therapy, for example, bacterial cultures (sputum, urine, bloods, etc) and collagen disease?

Response: Another hospital did not assess the origin of fever before initiation of antibiotics therapy, for example, bacterial cultures (sputum, urine, bloods, etc) and collagen disease. They initiate antibiotics simply because of fever. We think their dispose is incorrect.

Minor Essential Revisions

1. Psychological fever is a new disease concept but not widely approved. Only a limited number of researchers have reported small numbers of studies on this
disease conditions. Probably, many readers do not know this disease. Outline or summary of this disease; epidemiology, characteristics of symptoms, diagnosis criteria, established treatment, mechanisms and so on, would help readers to understand this case report. A part of the first paragraph in the Discussion section (line 107-124 in page 5-6) can be shifted into the Background section (in page 3).

Response: The part of the first paragraph in the Discussion section (line 107-124 in page 5-6) has been shifted into the Background section (in page 3).

2. In the Case Report section (page 3), TNM classification and clinical staging at the diagnosis of cancer should be described.

Response: “His TNM classification was T2N1M0 with clinical staging IIB.” is added into the Case Report section. (Page 4, line 96-97)

3. On line 47-48 in page 3 in Case Report section, the sentence; ‘left lung space-occupying lesion was noted in physical examination’ means that abnormal lesion was detected only by physical findings? Did Chest X-ray and CT scan also contribute the detection of abnormal lesion?

Response:
Original sentence: left lung space-occupying lesion was noted in physical examination.
Corrected as: a computed tomography (CT) scan of the chest showed left lung space-occupying lesion. (Page 4, line 96-97)

4. On line 49-52 in page 3 in Case report section, the sentence; ‘four cycles of chemotherapy of etoposide plus cisplatin regimen was provided, after which 1 course of concomitant lung radiotherapy treatment was employed,••••.’ is difficult to understand. This means that chemotherapy was introduced sequentially after completion of thoracic radiotherapy, or radiotherapy was added on preceding chemotherapy?

Response:
Original sentence: Four cycles of chemotherapy of etoposide plus cisplatin regimen was provided, after which 1 course of concomitant lung radiotherapy treatment was employed, with the radiation dose unknown and the efficacy evaluation was complete remission after the whole chemoradiotherapy.
Corrected as: After completion of four cycles of chemotherapy of etoposide plus cisplatin regimen, one course of concomitant lung radiotherapy treatment was employed, with the radiation dose unknown and the efficacy evaluation was complete remission after the whole chemoradiotherapy. (Page 4, line 99-102)
5. In the 4th (line 75-77, page 4) and 6th (line 88-90, page 4-5) paragraph in Case Report, 'the result of 1-3-beta glucan test was less than 10, while both Mycoplasma pneumonia and Clamydia pneumonia antibodies were negative.' was overlapped.

Response: "while both Mycoplasma pneumoniae and Chlamydia pneumoniae antibodies were negative" is deleted.

6. The unit of 1-3 beta glucan test should be shown after the '10'. In this case, 'pg/mL'?

Response:
Original sentence: 1-3-beta glucan test was less than 10.
Corrected as: 1-3-beta glucan test was less than 10pg/mL. (Page 6, line 128)

7. On line 65 in page 4 in Case Report section, was ‘nocturnal urinary frequency (5 times/night)’ associated with anxiety or other mental disorders?
Did the nocturia cause insomnia?

Response: ‘nocturnal urinary frequency (5 times/night)’ is a kind of physical symptom caused by the anxiety state of the patient.

8. On line 65-67 in page 4 in Case Report section, ‘the patient denied the history of tuberculosis, hepatitis and other infectious diseases, and no family history of hypertension, diabetes or tumor, either.’ They were all results of an interview with the patient. Can the author show any objective data confirming past history or coexisting diseases.

Response: Yes. We add some objective data confirming past history.
Added as: ‘Other test results were: white blood cell count: 9.4*10^9/L; neutrophils 72.5%; (twice), C-reactive protein < 3.300 mg/L; fasting plasma glucose: 5.4 mmol/L; hepatitis virus was negative. CT showed no calcification segmentation.’ (Page 6, line 128-131)

9. The authors should show the full name of the following abbreviations; ‘T 38.2°C’, ‘R 22bpm’, ‘BP 130/85mmHg’ (line 68, page 4, Case Report) and ‘Tc’ (line 121-123, page 6, Discussion) at the first appearance.

From the instruction for authors, ‘If abbreviations are used in the text they should be defined in the text at first use, and a list of abbreviations can be provided, which should precede the competing interests and authors’ contributions.’

Response:
Original sentence: ‘T 38.2#, R 22bpm, BP 130/85mmHg, HR 115bpm; ’ (line 68,
Corrected as temperature(T) 38.2#, respiratory rate (RR) 22 beats/min, blood pressure (BP) 130/85mmHg, heart rate (HR) 115 beats/min, (Page 5 line 119-120): and 'core temperature(Tc) '.

A list of abbreviations above is added into the part of Abbreviations.(Page 10, line 227-228)

10. The detailed results of blood tests are shown in the Discussion section; in the 2nd paragraph (line 127-129, page 6) 'all the results were within the normal range (white blood cell: 9.4*10^9/L; neutrophil cell: 72.5%; (twice), CRP: C-reactive protein < 3.300mg/L; blood culture results was also negative)'. These data should be described anywhere in the Care Report section.

Response: Those detailed results of blood tests shown in the Discussion section has been shifted into the Case Report section. #Page 6, line 128-131)

11. The detailed clinical history, physical findings, blood tests and other image examinations are duplicated in the Case Report and the 2nd paragraph of Discussion sections. Most sentences can be deleted from the 2nd paragraph in Discussion section.

Response: “blood culture result was also negative. No symptoms of urinary tract irritation were noted, while urine routine and urine cultures were both normal;"and"the result of 1-3-beta glucan test was less than 10," are deleted from the 2nd paragraph in Discussion section.

12. Dose ‘9.4*10^9/L’ (line 128, page 6) mean ‘9.4×10^9/L’ ?

Response: #9.4*10^9/L’ is corrected as ‘9.4×10^9/L’.

13. This episode occurred in 2012. Two years has passed since the patient discharged. Can the authors add information and clinical course after discharge? Did psychogenic fever recur at the time of cancer recurrence? Is this patient still alive?

Response: We add his prognosis at the end of the Case Report section.

Added as: ‘After discharge, brain metastasis was found at local hospital in April,2013. But he did not accept further treatment. During this period, psychogenic fever did not recur. He died in June 2013.’ (Page 7, line 157-160)

14. The term ‘hyperthermia’ and ‘stress-induced’ are used in the title of this report, while the term ‘fever’ and ‘psychogenic’ are frequently used in the main text, alternatively. Dose the authors use these similar terms for different
purposes?. Especially, I feel that ‘hyperthemia’ contains exogenous causative factors. Which term is appropriate in this case, ‘fever’ or ‘hyperthermia’ and ‘stress-induced’ or ‘psychogenic’?


Original title: Stress-induced hyperthermia in a patient with small cell lung cancer: an individual case report

15. In the figure legend of Figure 1 (page 10), blue lines and X-marks shows axillary temperature. On the other hand, dose red lines and circles mean changes of heart rate?

Response: in the Figure 1.

Original sentence: Axillary temperature was measured 4 times daily: at 6:00AM; 10:00AM; 2:00PM; and 8PM (blue line). After treatment, the axillary temperature of the patient returned to normal level (black arrow).

Corrected sentence: Blue lines and X-marks shows axillary temperature; red lines and circles mean changes of heart rate. Axillary temperature was measured 4 times daily: at 6:00AM; 10:00AM; 2:00PM; and 8PM (blue line). After treatment, the axillary temperature of the patient returned to normal level (black arrow).

16. Although Figure 1 shows intermittent fever, this temperature spontaneously fell down or by antipyretics?

Response: In the process of his intermittent fever, his temperature spontaneously fell down, and he did not take any antipyretics.

17. On line 78 in page 4, ‘in December 20, 2013 (Figure 2)’. ‘Year 2013’ is mistake?

Response: ‘in December 20, 2012 (Figure 2)’

18. Why did this psychogenic fever occur after completion of chemoradiotherapy? Such a nervous patient is also nervous during aggressive treatment. Was this patient all right mentally in another hospital? Can the author add detailed trajectory of mental and psychological condition, and discuss onset mechanism of psychogenic fever in this case?
Response#We add some illustration about its onset mechanism in the third paragraph of the Discussion section.

Added as: In this case, fever onset occurred about 1 month after chemoradiotherapy, so we do not think the fever was associated with chemoradiotherapy. We think the cause of psychogenic fever in this case was his fear of a malignant tumor. Fear of the malignant tumor caused mental stress, leading to a series of pathophysiological changes that caused fever. (Page 9, line 203-207)

Thank you very much for your correction! We have corrected these mistakes in the manuscript.