Author’s response to reviews

Title: Effects of parathyroidectomy on tumoral calcinosis in uremic patients with secondary hyperparathyroidism

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Author’s response to reviews:

Dear Conzo,

Thank you very much for your comments about our manuscript (“Hormone deprivation therapy based on parathyroidectomy causes tumoral calcinosis to shrink in uremic patients with secondary hyperparathyroidism”; BSUR-D-19-00208) which was submitted to BMC Surgery. We deeply appreciate the careful reading of our manuscript and valuable suggestions from both the editor and the reviewers.

We have studied comments carefully and made corrections which we hope meet with approval. Attached please find 1) a clean version with accepted changes, 2) a revised manuscript with the correction sections for easy check/editing purpose.

We marked the lines of revised contents according to the clean version with accepted changes. If there is anything else need us to do, please let us know.
Best,

Changying Xing

Ningning Wang

The main corrections in the manuscript and the responds to the reviewer’s comments are as following:

Claudio Gambardella, MD (Reviewer 1):

Minor Revisions

In order to better analyse the surgical implications of parathyroidectomy, the Authors should consider:


After these minor revisions, in my opinion the paper will be suitable for publication.

We completely agree with this comment and have added the content in the discussion section on page 9, line 10-12. Please see as follows:

According to previous studies18, 19, the patients were performed with total PTX and forearm parathyroid subcutaneous autotransplantation when they were refractory to internal medicine treatment.
Reviewer 2:

GENERAL COMMENTS: This study tries to evaluate factors associated with improvement in the tumoral calcinosis after PTX. The sample is small and factor associated with improvement were short duration of the disease and more inflammation. However, there was no discussion of the limitations of this study and the potential clinical implications such as early surgery.

We do appreciate these constructive suggestions. We have added the limitations of this study and the potential clinical implications of early surgery in the manuscript, on page 11, line 7 to line 16. Please see as follows:

Study limitations:

First, this study involved a small number of patients due to the rarity of tumoral calcinosis in uremic secondary hyperparathyroidism patients, the follow-up time is short. Second, circulating inflammation, bone reabsorption and formation markers were not detected dynamically to evaluate the effects of PTX on systemic inflammatory and bone metabolism disorders. Third, no experiments were performed to verify the above mechanisms.

Clinical implications:

In patients with tumoral calcinosis due to secondary hyperparathyroidism, earlier PTX is suggested to be an effective strategy for the treatment of TC.

REQUESTED REVISIONS:

The english should be improved through all the article. There are some sentences unusual in native english. I suggest a full review by english editorialist. The discussion should be improved with the limitations of this study and the potential clinical implications.

We completely agree with the comment of the reviewer. The manuscript has been revised by the expert whose native language is English.

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Declarations

- Ethics approval and consent to participate
- Consent to publish
- Availability of data and materials
- Competing interests
- Funding
- Authors' Contributions
- Acknowledgements

We thanks for the editor’s suggestion and have added the content on page 12, line 1 to page 13, line 14, please see as below:

Abbreviations

TC: Tumoral calcinosis; SHPT: Secondary hyperparathyroidism; PTX: Parathyroidectomy; ALP: Alkaline phosphatase; ESRD: End-stage renal disease; SHPT-TC: SHPT patients with TC; CBC: Complete blood counts; hs-CRP: High-sensitivity C-reactive protein; iPTH: Intact parathyroid hormone; Tc-MDP: Tc-methylene diphosphonate; HE: Hematoxylin and eosin; HBS: Hungry bone syndrome

Declarations

Ethics approval and consent to participate
The study is an observational study and was approved by the Human Research Ethics Committee of the First Affiliated Hospital with Nanjing Medical University. All patients provided written informed consent.

Consent for publication

All authors agree to publish the manuscript.

Availability of data and materials

Authors can confirm that all relevant data are included in the article.

Competing interests

The authors declare that they have no competing interests.

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Authors' contributions

Jing Wang and Ming Zeng wrote the paper. Ningning Wang and Ming Zeng provided the cases. Jing Wang, Guang Yang and Jing Guo collected the data. Yaoyu Huang and Buyun Wu did Statistical analysis. Ningning Wang revised the manuscript. Changying Xing monitored the study.

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None.