Reviewer’s report

Title: Hypercortisolism and primary aldosteronism caused by bilateral adrenocortical adenomas: a case report

Version: 0 Date: 19 Feb 2019

Reviewer: Francesca Pizzolo

Reviewer's report:

This case report is interesting and significant.

The co-existence of autonomous secretion of both aldosterone and cortisol is probably more frequent than currently reported, however limited data are available demonstrating the occurrence of a double hormonal excess, especially in multiple adrenal masses.

Kaiyun Ren reported a case of a young male patient with co-existing Cushing's syndrome and primary aldosteronism, clinically characterized by severe hypokalemia, hypertension and bilateral adrenal masses. Appropriate was the decision to employ plasma epinephrine instead of cortisol to interpret adrenal venous sampling result. Of note, hormonal data are difficult to interpret when two autonomous secretion are coexisting, and only after the excessive cortisol secretion was removed by partial left adrenalectomy, the aldosterone and renin levels were congruous with primary aldosteronism diagnosis.

I think this case report evoke interesting clinical suggestions: the need to investigate both aldosterone and cortisol excess in some cases, the possibility to adopt epinephrine instead of cortisol to interpret AVS results when cortisol value is confounding, the need to repeat hormonal evaluation after one hypersecretion has been removed, the possibility to perform bilateral sequential partial adrenalectomy.

Minor comment: abstract, the sentence "Elevated aldosterone to renin ratio and negative saline infusion test suggested primary aldosteronism" is somehow confusing: a negative saline infusion test do not suggest primary aldosteronism, please modify.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes
Does the work include the necessary controls?  
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