Author’s response to reviews

Title: Thyroid primary and metastatic malignant tumours of poor prognosis may mimic subacute thyroiditis - time to change the diagnostic criteria: case reports and a review of the literature

Authors:

Magdalena Stasiak (mstasiak33@gmail.com)
Renata Michalak (renatkamichalak@gmail.com)
Andrzej Lewinski (alewin@csk.umed.lodz.pl)

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Author’s response to reviews:

Dear Editor,

Thank you for the time and effort which you and the reviewers took to review our manuscript. We greatly appreciate the helpful suggestions for improving our manuscript and we have introduced all the requested corrections. We hope that now the manuscript meets your and the reviewers’ expectations. Below please find our detailed responses to the reviewers. We were asked to provide the final version without visible changes, thus all corrections are described in details in the responses to the reviewers.

We ensure that any revisions made in response to reviewers’ comments regarding patient-level data are compliant with privacy and data protection laws. All authors have read the revised manuscript and agreed to publish it in the present form.

Yours sincerely,

Andrzej Lewiński

Pietro Giorgio Calò (Reviewer 1):

This is an interesting case series on a very unusual clinical situation.

The article is well written.

I believe that in the clinical cases it is necessary to better describe the procedure that led to the diagnosis of subacute thyroiditis and in which structures the diagnosis was made.
I still consider it necessary for the patients undergoing surgery to have some more details on the operation

Response:

Dear Prof. Calò,

Thank you for your valuable remarks. We have introduced all corrections suggested in your comments. We were asked by the Editor to provide the final version without visible changes, thus we tried to described all corrections as precisely as it was possible.

We absolutely agree that the history of initial SAT diagnosis should be more detailed and more details on surgical procedures should be included. According to your suggestions, the following changes has been introduced in the two issues in question:

1. Initial SAT diagnosis:

Case 1:

Before corrections:

Three weeks earlier, the patient was diagnosed with SAT at an outpatient clinic, based on neck pain and ESR up to 84 mm/h, and treatment with a non-steroidal anti-inflammatory drug (NSAID) was started without additional diagnostics.

After corrections:

Three weeks earlier, the patient was diagnosed with SAT by an internal medicine specialists at an outpatient clinic. The diagnosis was based only on the neck pain and ESR up to 84 mm/h. Neither US nor other additional diagnostic procedures were performed. A treatment with a non-steroidal anti-inflammatory drug (NSAID) was started, but no improvement of the patient’s condition was achieved. Thus, the patient decided to come to the emergency room of our hospital.

Case 2:

The following sentences have been added:

The patient’s GP initially diagnosed SAT based on the pain, fever and high ERS and started treatment with NSAID with initial pain relief. After a few days the severe pain relapsed despite treatment, and the patient was referred to hospital.
Case 3:

The following sentences have been added:

She was consulted by her GP about two weeks before, and the initial diagnosis of SAT was made based on the hard painful thyroid tumour, increased CRP and low TSH. A treatment with NSAID was introduced and she was referred to our Department. Unfortunately, she did not report to the hospital immediately, but waited for two weeks for the treatment effect.

Case 4:

Before corrections:

Although SAT was suspected, no glucocorticoid or NSAID therapy was introduced.

After:

Although SAT was suspected due to the typical symptoms and laboratory results, no glucocorticoid or NSAID therapy was introduced. Ultrasound examination was not performed.

Case 5:

Before:

Her ESR was 38 mm/h thus SAT was suspected. Other laboratory results obtained in our Department are presented in Table 1. US revealed right lobe tumour 40 x 40 x57 mm in size, hypoechoic with a few microcalcifications.

After:

Her ESR was 38 mm/h thus SAT was initially suspected in our Department. Other laboratory results obtained after admission are presented in Table 1. US revealed right lobe tumour 40 x 40 x57 mm in size, hypoechoic with blurred margins and a few microcalcifications. Without those microcalcifications, the sonographic pattern of the tumour could be considered as SAT-typical, and the presence of microcalcifications was the first significant symptom of malignancy.

2. Surgical procedures

Case 3:

The following sentences have been added:
Total thyroidectomy was impossible to perform due to the infiltration of all adjacent structures including muscles, blood vessels, trachea and oesophagus. Only a part of the tumour was excised to release trachea and oesophagus.

Case 4:

The following sentences have been added:

Total thyroidectomy was impossible to perform because of the extent of infiltration of adjacent structures. Unfortunately, detailed data regarding the surgical procedure are unavailable.

Case 5:

The following sentences have been added:

Unfortunately, the surgery occurred to be only palliative due to the excessive involvement of lymph nodes and adjacent structures. Further progression of the disease was very dynamic…

Milan Jovanovic (Reviewer 2):

The authors present case series of five cases of thyroid tumors that mimic subacute thyroiditis. This is always very interesting topic, because it can be challenging to differentiate subacute thyroiditis from the life threatening thyroid carcinoma. The manuscript contains interesting elements and is generally well written.

Background section is well written, with explanation of pathogenesis, diagnosis and treatment of subacute thyroiditis.

Presentations of case reports are too long, with some unnecessary descriptions.

In Discussion and Conclusion section, the first two paragraphs (almost whole page) are without any references. Also, discussion section has pointless rewritten parts of other case reports.

Conclusion is well written, with proposal of useful criteria for recognition of subacute thyroiditis.

Response:

Dear Prof. Jovanovic,
Thank you for all your valuable comments. We have introduced all improvements suggested in your comments. We were asked by the Editor to provide the final version without visible changes, thus below we tried to described all corrections as precisely as it was possible.

1. We absolutely agree that some of the case descriptions are too long, but it was difficult to shorten them as other Reviewer asked to make them more detailed, especially with regard to initial SAT diagnosis and surgical procedures. Thus, we did our best to shorten the longest ones (Case 1 and Case 2) by deleting or changing several less important sentences. We have also added details requested by other Reviewer.

2. Thank you for indicating the lack of references in the first part of Discussion and Conclusion section. We have added the appropriate references – lines 180, 188, 189, 194.

3. According to your suggestion, we have removed detailed descriptions of other case reports from the Discussion section. Especially all numerical lab results were replaced by short lab result conclusions. Changes were made mainly on pages 7 and 8.