Author’s response to reviews

Title: Severe hypertriglyceridemia in a subject with disturbed life style and poor glycemic control without recurrence of acute pancreatitis: A case report

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Author’s response to reviews:

Dr. James Mockridge
Editor-in-Chief, BMC Endocrine Disorders

Dear Dr. Mockridge

Thank you very much for having reviewed our manuscript. We are very much pleased to read the favorable comments of both reviewers. We totally agree with all these comments and incorporated them to the revised version. Red indicates the parts that we changed according to the reviewers’ suggestion.

We hope that you would evaluate this revised version positively.

Sincerely yours,

Takatoshi Anno, MD, PhD
Editor Comments:

In this revised version of the manuscript the authors have satisfactorily addressed to most of the key issues. However, one reviewer has requested some minor clarifications and changes to the work. I agree that if the authors incorporate these relatively minor changes the manuscript may be acceptable. Please revise your manuscript accordingly.

We appreciate the insights and helpful comments and have revised the manuscript according to your kind suggestions.

Thank you very much again for your thoughtful comments that have led to strengthening our manuscript.

Response to Reviewer 1’s comments

The authors responded fully to all questions. This paper is acceptable.

Thank you very much again for your thoughtful comments that have led to strengthening our manuscript.

Response to Reviewer 3’s comments
We appreciate the insights and helpful comments and have revised the manuscript according to your kind suggestions.

1) The "case presentation" section is confusing. I suggest adding an initial personal history description where the authors describe aspects like the patient used to play SUMOU and then he got used to eat high-calorie diets or that after pancreatitis he stopped the use of alcohol and tobacco. The table 2 could specify that "after 1 month" and "after 1.5 months" means after treatment restart.

Thank you very much for valuable suggestion. In order to avoid misleading readers, we added the following description at the beginning of two paragraphs (page 6, line 7 and page 7, line 2 from the bottom). “At the age of 36” and “At the age of 40”

According to your kind suggestion, we transferred the description about this point in the revised version (page 6, lines 2-5).

“He enjoyed SUMOU, which is a traditional Japanese sport, in his high school days, and thereby he ate over 10,000 kcal/day of diet every day when he was young. For that reason, he sometimes ate 3,000-5,000 kcal of diet at once even at that time.”

We left the description about this point in the revised version (page 8, lines 5-6 from the bottom): “He sometimes continued to eat 3,000-5,000 kcal of diet at once even at that time.”

Also, according to your kind suggestion, we added the following sentence (page 6, lines 5-6). “After the onset of pancreatitis, he stopped drinking alcohol and smoking.”

In addition, according to your kind suggestion, we used the following description in Table 1 in the revised version.

"1 month after treatment restart" and "1.5 months after treatment restart"
2) The authors describe the content of table 1 during the case presentation. This is redundant and this table could be eliminated.

Thank you very much for valuable suggestion. We deleted Table 1 in the revised version of the manuscript.

3) Why the patient despite a "better" glycemic control still had ketonemia? This is in relation to ketone levels reported after 1.5 months in Table 2. This was not commented in the discussion section.

Thank you very much for valuable suggestion. According to your kind suggestion, we added the following description about this point in the revised version (page 15, lines 1-6 from the bottom).

“In addition, in general ketonemia is recovered after obtaining good glycemic control. However, this patient had ketonemia even after obtaining relatively good glycemic control (1.5 months after treatment restart in Table 1). Although speculative, such ketonemia might be, at least in part, related with some lifestyle habit such meal variation. However, it is very difficult to explain the real reason and/or its precise mechanism.”

Thank you very much again for your thoughtful comments that have led to strengthening our manuscript.