Author’s response to reviews

Title: Diabetes insipidus and panhypopituitarism as a first presentation of silent adenocarcinoma of lung: a case report and literature review

Authors:

Sirinart Sirinvaravong (sirinart.sir@mahidol.ac.th; sirinart.oh@gmail.com)
Peeradon Vibhatavata (p_wipatavut@hotmail.com)
Paween Chunharojrith (paweharo@hotmail.com)
Pornsuk Cheunschon (pcheunschon@gmail.com)
Sutin Sriussadaporn (sutin.sri@mahidol.ac.th)

Version: 2 Date: 04 Oct 2019

Author’s response to reviews:

BMC Endocrine Disorders

4 October 2019

Dear the editor and reviewers,

Reference number: BEND-D-19-00184

Thank you for your letter and constructive comments concerning our manuscript entitled “Diabetes insipidus and panhypopituitarism as a first presentation of silent adenocarcinoma of lung: a case report and literature review: Reference number: BEND-D-19-00184”. We studied your comments carefully and made corrections with yellow highlights in the manuscript which we hope to meet with your approval. We answered your questions and comments in details in the following texts.

Replies to questions and comments:
Comments: You have not responded to reviewer 1's important comment regarding lack of new contribution to medical knowledge. (This case reported by Sirinvaravong et al is interesting, but similar cases of pituitary metastasis from occult lung malignancy have been numerously reported).

Reply: We would like to thank the reviewer for the comment.

Although there are number of case reports of pituitary metastasis from occult lung malignancy, majority of these cases presented with co-existing metastases to other organs. Our patient presented with isolated CNS metastasis which was uncommon. The presentations, radiologic features and pituitary hormonal profiles may mimic those of the more common pituitary tumors, leading to delayed diagnosis and management. We have delineated this in detail in the background section, page 4-5, line 56-62 and added “isolated” pituitary metastasis into the sentence in line 61 to highlight the uniqueness of our case.

“Pituitary metastasis is often associated with the presence of multiple additional metastatic sites, especially in bones (5, 6). Isolated pituitary metastasis is rare (7-15), and its clinical presentations, pituitary hormonal profiles, and radiological imaging features mimic those of the more common primary pituitary tumors (16). These characteristics may lead to misdiagnosis and delayed treatment, especially in individuals without a known pre-existing malignancy. Here, we report a rare case of isolated pituitary metastasis from adenocarcinoma of the lung first presenting as central diabetes insipidus and panhypopituitarism without known evidence of the primary malignancy. A literature review was performed.”

In addition, among primary lung cancers with pituitary metastasis, small cell lung cancer is the most common cell type, whereas adenocarcinoma rarely metastasizes to the pituitary gland but rather the bone and respiratory system. Our patient had adenocarcinoma with isolated pituitary metastasis which was rare. We have included this detail in discussion section (page 12, line 155-163) and add “our patient had adenocarcinoma of the lung” in the line 160 to make rarity of the cell type more notable.

“A Swedish population-based study of metastatic sites of lung cancer reported that among primary lung cancers with pituitary metastasis, small cell lung cancer is the most common cell type, whereas adenocarcinoma and squamous cell carcinoma rarely metastasize to the pituitary gland but rather to the bones and respiratory system. Only a few cases of adenocarcinoma of the lung metastasized to the pituitary gland without other distant metastases (20). Unlike typical cases, our patient had adenocarcinoma of the lung and the first manifestation was central diabetes insipidus and hypopituitarism secondary to pituitary metastasis without evidence of primary lung cancer or widespread metastasis.”
We really hope these modifications can meet with your approval. Thank you very much.

Yours Sincerely,

Sirinart Sirinvaravong, MD

Division of Endocrinology and Metabolism, Department of Medicine
Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok 10700, Thailand
Email: Sirinart.sir@mahidol.ac.th