Reviewer’s report

Title: Isolated Langerhans cell histiocytosis of hypothalamic-pituitary region: A case report

Version: 0 Date: 26 Oct 2019

Reviewer: Sema Ciftci Dogansen

Reviewer's report:

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The authors aimed to emphasize LCH with pituitary involvement in this case presentation.

Comments of Reviewer

1. Title should be changed; because lymphocytic hypophysitis is among the possible diagnoses, but there are patients' characteristics such as gender, younger age, and rapid onset of the symptoms (few weeks), which makes it difficult to think about lymphocytic hypophysitis without biopsy in the first period. I think the lymphocytic hypophysitis part of the title should be removed.

2. Background and discussion (which should be changed as a CONCLUSION) sections in abstract should be shortened to maximum 2-3 sentences.

3. In the background section only LCH is mentioned, where appropriate one paragraph LCH is mentioned with particularly hypothalamo-pituitary involvement, one paragraph refers to hypophysitis and infiltrative diseases of the pituitary gland, and the last paragraph should specify the purpose of the case report.

4. It is not appropriate to give full dates in the case report section, such as May 18, September 28, however it is appropriate to perform a chronological order according to the initiation of symptoms or diagnosis date. For example; 3 months after the onset of patients' complaints or 2 months after diagnosis….

5. Grammer and spelling errors should be corrected.
6. "A provisional clinical diagnosis of Lymphocytic hypophysitis was made. He was empirically given oral DDAVP and prednisone and the symptoms were improved." It is difficult to think of this initial diagnosis directly in this clinical picture (the reasons are given in the upper part). The diagnosis was delayed, and early diagnostic biopsy should be performed at this age with these clinical and imaging findings. And also, probably, the patient underwent a large resection rather than a diagnostic biopsy because the patient subsequently became hypopituitar. Such deficiencies in the management of the patient should be given as criticisms before the conclusion section.

7. Discussion section is scattered, I think; firstly hypophysitis and differential diagnoses of hypophysitis should be mentioned and how they go to the diagnosis through their own patient. Then, the general characteristics of LCH should be mentioned much shorter and longer than LCH with hypothalopituitary involvement.

8. In addition, a large series of articles on this subject should be included and references should be updated. Such as "Kurtulmus N et al. The pituitary gland in patients with Langerhans cell histiocytosis: a clinical and radiological evaluation, Endocrine 2015;48(3):949-956"

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?
If not, please specify which controls are required in your comments to the authors.

Yes

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

No

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

Not relevant to this manuscript
Quality of written English
Please indicate the quality of language in the manuscript:

Needs some language corrections before being published

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