Author’s response to reviews

Title: A case of asymptomatic thyroiditis presenting as pyrexia of unknown origin- A case report

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Version: 1 Date: 16 Jan 2018

Author’s response to reviews:

Reviewer #1:
Thank you very much

Comments:
could include more detail about the cytopathology findings on FNA, perhaps with imaging. would help make the case more convincingly for thyroiditis

Unfortunately I received only the pathological report of the FNA findings. I could not trace the image of the FNA findings. Pathology report stated "Fine needle aspiration cytology of the thyroid showed evidence of thyroiditis with clustered epithelioid cells, scattered lymphocytes and a few multinucleated giant cells. i included in manuscript

could add whether his steroids were tapered to stop at follow-up

Low dose prednisolone was continued for one week and stopped. It was not tapered.

5. Is the interpretation (discussion and conclusion) well balanced and supported by the case presented?

Comments: yes, very nice review of the literature of PUO and sub acute thyroiditis with frequent circling back to the case during the discussion. Could add whether the patient in question needed NSAID treatment for pain.
As the patient was asymptomatic, he was not started on non steroidal anti inflammatory drugs (NSAIDS).

Also whether there is a consensus recommendation for regular screening for hypothyroidism post an episode of sub acute thyroiditis?

The following included in the manuscript

"Although there is no consensus recommendation for regular screening for hypothyroidism post an episode of sub-acute thyroiditis, many studies have found the occurrence of subclinical or overt hypothyroidism on long term follow up. Sambit et al described seven out of twelve patients developing subclinical or overt hypothyroidism at 3 months of follow up [18]. Permanent hypothyroidism was documented in 14.3% of patients in a case series of 25 patients by Alfadda et al [7]. Olmsted County, Minnesota, study by Fatourechi et al described early hypothyroidism (within first 6-12 months) in 34% and late hypothyroidism (after 1 year) in 15% of the study cohort of 94 patients [15]. So patients recovering from sub acute hypothyroidism need regular short term and long term follow up with regard to their thyroid status to look for the occurrence of early or late hypothyroidism."

Reviewer #2

Thank you

Please provide proof of patient's signed consent to the editors.

Written informed consent was obtained from the patient for publication of this case report. A copy of the written consent is available for review by the Editor-in-Chief of this journal.

The relevant physical examination findings.
Since this is an article about a thyroid disorder it would be decent to have details of your complete thyroid examination on this patient and your positive/negative findings.

He had bilateral tender cervical lymphadenopathy largest measuring 1cm with mild tenderness over the anterior neck without an obvious swelling suggestive of goitre.