Author’s response to reviews

Title: A Case of Focal Segmental Glomerulosclerosis in which Urinary Protein Improved after Surgical Treatment for Acromegaly

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Thank you for your courteous comments. We have now revised several figures and sentences and will answer your questions in our response to the comments of the reviewers.

We added an arrow to the MRI scan (Figure 1).

In the present case, the pituitary adenoma showed GH secretion, so GH staining was done which we have presented in Figure 2B. After surgery, the basal GH level decreased from 2.7→ to 0.37 ng/mL, and the IGF- I level decreased from 496→ to 171 ng/mL.
Since the TSH level was 0.03 μIU/mL but the fT3 and fT4 levels were 3.12 pg/mL and 1.26 ng/mL, respectively (upper limit of normal range), we measured the antithyroglobulin antibody (TgAb) and thyrotropin receptor antibody (TRAb) in order to differentiate autoimmune thyroid disease.

We performed a TRH stimulation test not only to confirm the paradoxical reaction of GH but also to assess the TSH and prolactin reactions. Although TSH was suppressed, prolactin showed a normal reaction.

We measured HbA1c five times each, before and after the surgery. The patient's HbA1c level significantly improved from 6.32 % ± 0.1 % before the surgery to 6.08 % ± 0.1 % after the surgery (n = 5 respectively; p < 0.05).

Unfortunately, we were unable to conduct a renal biopsy because the patient did not wish to undergo a renal biopsy. However, we measured the spot urine protein/creatinine ratio (g/gCr) five times each, before and after the surgery. The patient's spot urine protein/creatinine ratio significantly improved from 1.65 ± 0.71 g/gCr before the surgery to 0.93 ± 0.34 g/gCr after the surgery (n = 5 respectively; p < 0.05). We have now added Figure 3.

After trans-sphenoid surgery, the basal ACTH, cortisol, LH and FSH levels were in the normal range. The CRH loading test and LHRH loading test showed normal responses. The basal TSH level (0.02 μIU/mL) continued to be low, and TSH did not react to the TRH loading test. After surgery, the fT3 level was 3.22 pg/mL, and the fT4 level was 1.25 ng/mL. Based on these findings, we did not perform replacement therapy.

We revised our expression concerning the oral hypoglycemic agents to “oral anti-diabetes drugs”.