Author’s response to reviews

Title: Neurofibromatosis type 1 associated with hypophosphatemic osteomalacia due to hypersecretion of FGF23: a case report

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Author’s response to reviews:

Itzhak Brook MD,
Editor-in-Chief,
Journal of Medical Case Reports
https://jmedicalcasereports.biomedcentral.com/

Dear Editors,

MS No: JMCR-D-20-00059

I, along with my co-authors, would like to ask you to consider the attached revise our manuscript entitled “Neurofibromatosis type 1 associated with hypophosphatemic osteomalacia due to hypersecretion of FGF23: a case report” by Takahiko Obo, Nobuyuki Koriyama, Akinori Tokito, Kazuma Ogiso, Yoshihiko Nishio for publication in Journal of Medical Case Reports as a case report. The revised manuscript has been improved according to valuable comments or suggestions by reviewer. We are now believing that the manuscript should be satisfactory for the publication in Journal of Medical Case Reports.

We are also grateful for your kind consideration for our manuscript and looking forward to having your response soon.

Sincerely,

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Dear editor and reviewer:

We thank reviewer for valuable comments or advice, which were helpful to still more improve the manuscript (ms) entitled “Neurofibromatosis type 1 associated with hypophosphatemic osteomalacia due to hypersecretion of FGF23: a case report” by Obo et al. The revised ms has been much improved according to reviewer’s some suggestions written.

Comment 1
Give information about follow-up for at least 6 months:

Answers (Ans.)
We thanks much for reviewer’s comment. So, we put the new sentence “After 6 months, serum calcium, IP, intact PTH and BAP were 9.1 mg/dL, 3.6 mg/dL, 37 pg/mL and 14.4 μg/L, respectively, and were stable in the normal range. Furthermore, pain also improved.” (line 125-127 of Case presentation, p6) in our revised ms.

Comment 2
Add a paragraph at the beginning of the Discussion that summarizes the case and describes what is unique in this case compared to what is available in the literature.

Ans.
We thanks much for reviewer’s comment. So, we put the sentence “The patient was a 65-year-old woman was diagnosed with NF1 at age 28. Her laboratory findings revealed hypophosphatemia due to renal phosphate wasting and a high serum level of FGF23. Her NFomas located on the surface of her right forearm and left upper arm, in which a slight abnormal accumulation of tracers was observed on 111Indium (In)-pentetreotide scintigraphy, were surgically removed, but there was no improvement in hypophosphatemia or serum FGF23 after surgery. Immunohistochemical staining using anti-human FGF23 antibody revealed slightly positive results, however only one out of three amplifications of the FGF23 gene was observed by real-time polymerase chain reaction, and no clear FGF23 gene expression in the resected NFomas could be confirmed. We administered eldecalcitol combination with dibasic calcium phosphate hydrate led to improvement in some of the abnormalities, including hypophosphatemia.” (line 148, p7 to 159, p8 of 1st para of Discussion and Conclusions, in our revised ms).