Author’s response to reviews

Title: The Utility of Dual Energy Computed Tomography in the Management of Axial Gout: Case Reports and Literature Review

Authors:

Jeremy Wang (jeremy.wang.syd@gmail.com)
Beverly Ng (Beverly.ck.ng@gmail.com)
Haesung Bak (haesungbak@bigpond.com)
David Spencer (davidsp@bigpond.com)
Nicholas Manolios (nicholas.manolios@sydney.edu.au)
Peter Wong (peter.wong2@health.nsw.gov.au)

Version: 1 Date: 26 Jan 2020

Author’s response to reviews:

A/Professor Ennio Lubrano
BMC Rheumatology

24 January 2020

Dear A/Professor Ennio Lubrano

Re: The Utility of Dual Energy Computed Tomography in the Management of Axial Gout

Thank you for your time and interest in our manuscript. Please kindly find our response to the reviewers’ comments as follows. The changes have been incorporated into the revised version, which has been uploaded to the submission portal.

Reviewer reports

Reviewer 1: This brief paper shows an interesting usage of DECT in the identification of spinal gout. Why colchicine was not used in case 2?

Case 2 had severe renal impairment at the time of presentation therefore colchicine and non-steroidal anti-inflammatory drugs were not chosen. Other relevant papers in the filed have been omitted (Eur J Rheumatol. 2019 Sep 5;6(4):216-218. doi: 10.5152/eurjrheum.2019.18097.
Lower back pain as a manifestation of acute gouty sacroiliitis: Utilization of dual-energy computed tomography (DECT) in establishing a diagnosis. Namas R1, Hegazin SB2, Memişoğlu E3, Joshi A1.)

This has now been added to our reference list.

Reviewer 2: The authors reported two interesting cases of unusual presentation of gout. The use of Dual Energy Computed Tomography in these peculiar presentations of axial gout has led to the correct diagnosis and was useful in the differential diagnosis. I have no major revision.

I only suggest to brief discuss the treatment choices in both cases. In particular, why authors started Prednisone instead of NSAIDs. In the second clinical case authors stated that the patient was commenced on prednisone 25mg daily and urate-lowering therapy with allopurinol and febuxostat. The association of allopurinol and febuxostat is quite odd. Please clarify.

In Case 1, for acute gout management, we chose prednisone and colchicine over NSAIDs due to concerns with NSAIDs in the presence of mild renal impairment. Allopurinol was re-initiated as the standard urate-lowering therapy. For case two, the management of acute gout we chose prednisone over NSAIDs or colchicine due to severe renal impairment. Febuxostat was added as it was thought that allopurinol monotherapy would not adequately control hyperuricaemia to target serum urate level.

We look forward to hearing from you.

Yours sincerely,

Dr Jeremy Wang

Rheumatology Advanced Trainee
Westmead Hospital, Westmead, Sydney
New South Wales
AUSTRALIA
Phone +61-2-8890 8099  Fax +61-2-8890 8317