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ESPS Peer-review Report

Name of Journal: World Journal of Respiriology

ESPS Manuscript NO: 4647

Title: Solitary pituitary metastasis resulting from pulmonary large cell neuroendocrine carcinoma

Reviewer code: 00220901

Science editor: Gou, Su-Xin

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The authors presented a case report entitled "Solitary pituitary metastasis resulting from pulmonary large cell neuroendocrine carcinoma". The pituitary metastasis of LCNEC is a very rare condition and the message derived from the case is clinically useful. However I have major concerns especially related to the endocrinological findings of the case as follows; 1. Basal GH measurement is not sufficient for diagnosis of GH deficiency and generally dynamic test (insulin tolerance test or glucagon test etc.) is required. However in patients with multiple hormone deficiencies as the present case, only low IGF-I level is sufficient to diagnose GH deficiency. If they measure the authors should add the IGF-I level of the patient. 2. To diagnose hypogonadotropic hypogonadism testosterone level need to be mentioned with the levels of FSH and LH. Therefore the testosterone level of the patient is warranted to diagnose hypogonadism. 3. How the authors diagnosed diabetes insipidus? Please add the diagnostic criteria. 4. The patient presented with the signs and symptoms of hypopituitarism. Why the authors initially performed chest CT first? 5. The authors should mention the treatment protocol of hypopituitarism in their patient. Minor points: 1. The initial symptoms of the patient (case report section, first paragraph) "appetite loss, vomit....thirsty" should be re-written in correct English. 2. Instead of "skin turgor degradation" it would be better to write " decreased skin turgor" 3. The normal reference range of urinary free cortisol should be included. 4. In discussion section 3rd paragraph, last sentence; instead of "In our case, we gave up surgical...." it should be "In our case we did not perform surgery..."