

SPECIFIC COMMENTS TO AUTHORS

The case report is impressive, and the manuscript is well-written. 1. The paper can be published if the authors provide a rational explanation about the “self-recovery” of HPT. Are other cases of HPT “self-recovery” described in the literature? This gap in the reported case should be filled before acceptance for publication. 2. Also, the authors should try to find the previous referred by the patient blood PTH and Ca test.

Dear editor,

Thank you very much for your letter dated August 21st, 2019 enclosing the reviewer’s comments for our manuscript entitled “Huge brown tumor of rib in an unlocatable hyperparathyroidism patient with ‘self-recovered’ serum calcium and parathyroid hormone: a case report”. We would like to submit a revised manuscript now.

We are also very thankful to the reviewer for the kind comments for our manuscript. We appreciate the valuable comments and suggestions to improve it. With regard to the comments and suggestions, we wish to reply to the questions one by one.

1. The paper can be published if the authors provide a rational explanation about the “self-recovery” of HPT. Are other cases of HPT “self-recovery” described in the literature? This gap in the reported case should be filled before acceptance for publication.

The transient HPT with “self-recovery” of PTH is rare. Kim^[9] reported an adult female patient with acute kidney injury (AKI) who experienced a transient elevation of PTH. However, the PTH elevation resolved after several weeks, in parallel with the improving renal function, and the patient did not develop a brown tumor for the short time. Our patient has no history of AKI or CKD, and the formation of the brown tumor suggests that the HPT may have existed for a long time. So unlocatable primary HPT should be considered. There have been evidences that zoledronic acid could reduce the level of PTH in HPT of CKD^[10], but the similar efficacy in primary HPT is unclear. Thereby close follow-up should be performed in case of recurrent elevation of PTH in the future.

Revised. (Line 197-207 on Page 8 and 9 in the last paragraph of “Discussion”)

2. The authors should try to find the previous referred by the patient blood PTH and Ca test.

We contacted the patient again and got the results of PTH and Ca before she received treatment of zoledronic acid. The serum PTH was 162pg/ml and Ca was 2.71mmol/L. The patient did a re-examination again on July 9th, 2019, and serum PTH was 54.6pg/ml with Ca was 2.28mmol/L.

Revised. (Line 96-98 on Page 4 in “*History of present illness*”, line 158-159 on Page 7 in “*Outcome and follow-up*”)