Reviewer's report

Title: Anti-hLAMP2-antibodies and dual positivity for anti-GBM and MPO-ANCA in a patient with relapsing pulmonary-renal syndrome.

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Reviewer: Agnes Fogo

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It remains incongruous why the authors do not explicitly even mention in the abstract or the Introduction, and continue to focus almost exclusively on the combination of anti-GBM and MPO-ANCA, and do not include the very rare co-occurrence of a membranous nephropathy.

Their response that they "prefer to focus on the clinical course and serology" does not make sense- the patient had significant proteinuria at presentation, and definite biopsy evidence of membranous nephropathy- and they did not test the serum for e.g. anti-PLA2R antibodies. The addition of one sentence stating that anti-GBM disease and MN has been well recognized does not adequately address the unusual occurrence of apparently three different types of injury.

The authors' added statement that plasmapheresis was discontinued, because of the the anti-MPO titers increased and the presence of anti-hLAMP2 antibodies led to a diagnosis of relapsing ANCA-associated SVV is difficult to understand- on what basis did they at that time make any conclusion that anti-hLAMP2 indicated relapsing disease, independent of the presence of anti-MPO-linked disease? Please explain this- what is the evidence that anti-hLAMP@ antibodies more specifically is associated with relapsing disease, independent of PR3 or MPO ANCA antibodies, or more so that in patients with the latter antibodies?

The authors' conclusions still reach far beyond what one can even speculate from this case- and their continuing reference to dual disease and dual positivity is not accurate- this is a patient with 3 disease processes, it appears.