Reviewers report

Title: EBV-positive diffuse large B cell lymphoma in a patient with Primary Sjogren’s syndrome and Membranous Glomerulonephritis

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Reviewer: Raoul Bergner

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The authors describe a very interesting case of a patient with sjogrens syndrome, membranous glomerulonephritis and B-cell lymphoma.

Major revisions

1. Membranous glomerulonephritis (MGN) can be found in patients with cancer as a paraneoplastic syndrome or it could be manifested clinically before tumor detection. So in this case the diagnosis of lymphoma three month after the detection of MGN does not exclude a secondary MGN to malignancy. On the other hand in literature membranoproliferative GN is more often described to be associated with lymphoma. Also in sjogrens syndrome MPGN (with or without cryoglobulines) is more common. The authors should comment this.

2. The authors should add also data about the further course of MGN after one year. MGN has a high tendency of spontaneous remission, but not in cases associated to malignancies. Did the patient get any treatment for glomerulonephritis e.g. steroids?

3. Did the authors have an explanation for the sole reduction of C3 but with normal C4 complement? This is an unusual finding in connective tissue disease like SLE or sjogrens syndrome. The authors should discuss this.

Minor revisions

4. Page 5: “She underwent a percutaneous renal biopsy du to severe proteinuria, extremities edema, hypoalbuminemia and hypertriglycemia...” the authors describe a typical nephrotic syndrome, so the symptoms should be replaced by “she underwent a percutaneous renal biopsy due to nephrotic syndrome”

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.
Declaration of competing interests:
I declare that I have no competing interests