Reviewer’s report

Title: Unexpected delayed recovery from longterm renal failure in a 12-year-old girl with severe diffuse proliferative lupus nephritis

Version: 2 Date: 5 March 2012

Reviewer: hui kim yap

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This paper is a case report describing the rapidly progressive course of crescentic lupus nephritis in a 12-year-old girl, ultimately resulting in dialysis dependency for 12 weeks.

Major Compulsory Revisions

Although the authors claim that this is an unusual case presentation of lupus nephritis, however, it is well known that severe lupus nephritis can result in a need for dialysis, many of whom recover despite being on prolonged dialysis. In a review by Chu JK and Folkert VW in Seminars in Dialysis 2010, renal function recovery in chronic dialysis patients occurred mainly in patients with autoimmune disease, especially lupus nephritis. The renal function recovery rate in this group of patients approached 10-28%, and occurred at a median time of 3-18 months (References 1-5). Hence the treatment of severe class IV lupus nephritis should be continued for up to 6 months in order to promote recovery, and the clinical course of this patient is therefore not unusual. The authors should discuss this issue of renal recovery in greater depth in the text.

References:


Minor Essential Revisions
The authors should perform a grammatical check on the manuscript as there are numerous errors. I have indicated a few of these as follows:

a) Page 2, line 3: Complete resolution can be obtained, however, at least in the young when adequate therapy is immediately initiated

b) Page 4, line 7: Despite early and thoroughly elaborated aggressive immunosuppressive therapy many of these patients are faced with continuous dialysis.

c) Page 4, line 15: A 12-year-old Caucasian girl presented at her general practitioner because of swollen legs and spotted skin macular rash over in her face, on her arms and on her chest.

d) Page 5, line 1: Further diagnostic tests showed extremely low complement levels (C3 and C4 under detection level), markedly elevated anti-nuclear-antibodies

e) Page 5, line 4: Renal biopsy confirmed the diagnosis of lupus erythematosus (this should be corrected in the rest of the manuscript)

f) Page 5, line 9: And This pattern of immune complex deposition was also confirmed on electron microscopy.

g) Page 6, line 2: Unexpectedly, in the further at the first follow-up, she had increasing diuresis, and subsequently, the at first diuresis increased and thereafter also creatinine levels substantially improved so that hemodialysis could be discontinued about 12 weeks after initial admission.

h) Page 6, line 5: mycophenolat mofetil (MMF) should be spelt as mycophenolate

i) Page 6, line 6: In the At further follow-up, serum creatinine, proteinuria and complement C3 improved and returned to into the normal range.

j) Page 6, line 24: In lupus nephritis, however, also a high activity index with more than 50% crescents in proliferative forms is a risk factor associated with further progression of lupus nephritis

k) Page 6, line 26: In our patient, despite rapid improvement of her general condition after steroid and cyclophosphamide treatment in combination with immunoabsorption, kidney function severely deteriorated with persisting oliguria and therefore the high need of for hemodialysis treatment.

Discretionary Revisions

Most of paragraph 2 in page 7 as shown below, can be omitted, as this merely reiterates the decision on therapy that has been described in the previous paragraph:

"After the 2nd CPH pulse and 5 weeks after admission we intensely discussed the reasonability of further CPH pulses as the patient had a good general condition without clinical signs of systemic lupus erythematosides; also C3 complement, ANA and dsDNA antibodies ameliorated and we didn’t really believe on an improvement of kidney function. The worth and risk of the treatment was discussed as several severe side effects of an aggressive
immunosuppression i.e. infections, hypertension, nonvascular bone necrosis, osteoporosis but also lethal outcome are known [9]. We decided the way of further treatment thereby accepting all those risks and fortunately no systemic infection, no bone affections or comparable severe side effects occurred.”

**Level of interest:** An article of limited interest

**Quality of written English:** Needs some language corrections before being published

**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