**Reviewer's report**

**Title:** Validation of a newly proposed histopathological classification in Japanese patients with anti-neutrophil cytoplasmic antibody-associated glomerulonephritis

**Version:** 2  **Date:** 17 August 2012

**Reviewer:** Antonietta Gigante

**Reviewer's report:**

Minor Essential Revisions

The paper is well written and considers the most recent histopathologic classification of ANCA-associated glomerulonephritis reported by Berden et al. Several studies have evaluated clinical and histological outcome predictors in renal vasculitides showing that high levels of serum creatinine at diagnosis and a high percentage of sclerotic glomeruli were predictors of poor renal outcome.

Is well know that Japanese patients with ANCA-associated vasculitis show a different distribution of ANCA subtypes compared with patients from Western countries, showing higher rates of myeloperoxidase (MPO)-ANCA expression than proteinase 3(PR3)-ANCA.

Thus, is interesting speculate that #-SMA-positive glomeruli may progress to fibrosis, glomerulosclerosis, and renal failure. Anyway, in the article #-SMA positivity was not correlated with renal outcome at 1 year after diagnosis.

Answer n 1: "Were all anti-neutrophil cytoplasmic antibody-associated glomerulonephritis renal limited? None of them had systemic involvement? Could the authors clarify this?

Answer n 2: "Have the authors found in the immunofluorescence specimens the presence of C3 or C4 depositions in areas of glomerular and arteriolar fibrinoid necrosis? Have the authors evaluated any correlation with renal outcome? Read the following articles:


**Level of interest:** An article of importance in its field

**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'