Author's response to reviews

Title: An unusual case of glomerulonephritis in a patient with Non-Hodgkin Mucosal Associated Lymphoid Tissue (MALT) B-cell lymphoma

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COVERING LETTER

AN UNUSUAL CASE OF GLOMERULONEPHRITIS IN A PATIENT WITH NON-HODGKIN MUCOSAL ASSOCIATED LYMPHOID TISSUE (MALT) B-CELL LYMPHOMA

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A revision has been made to the above-mentioned manuscript, after addressing the comments of the reviewers. The following outlines the response to each of the points listed in the reviewers’ report.

Referee 3

1. The reviewer is of the opinion that the manuscript is suitable for publication as it is. As such, no issues were addressed towards reviewer 3’s report.

Referee 2

1. Serum cryoglobulins are detected using a qualitative precipitation technique at 4 degrees Celsius. This has been incorporated into the manuscript (Page 4).
2. The patient was just given one dose of Rituximab 513 mg, Cyclophosphamide 822 mg, Doxorubicin 54 mg and Vincristine 1.6 mg; with Prednisolone 100 mg daily for 5 days. This is now reflected in page 6-7 of the revised manuscript.
3. Staining of the subclasses of IgG is not available, nor is it a routine practice in our institution. Regardless, it does not negate the full-house appearance of the immunofluorescence study.

4. Reference 9 was only published in December 2012, after the submission of the manuscript. It has now been corrected under References.

Referee 1

1. As requested by the reviewer, all IMF photos are now incorporated into Figure 2.

2. Figure 3 has been replaced with another electron micrograph that demonstrates both sub-endothelial and intraluminal deposits.

3. We accept the reviewer’s point that Richmond’s study is from an autopsy series and may not be clinically relevant currently. We have re-written that portion and included a review of 700 patients with clinical renal manifestations. As this is a case report, the manifestations of plasma cell myeloma and other B-cell neoplasms including monoclonal gammopathy is beyond the scope of this manuscript.

4. We agree with the reviewer’s comments and have removed the following statement from page 8 - “The absence of a MPGN pattern or an immunotactoid glomerulonephritis picture, which is often the histology compatible with cryoglobulinemic glomerulonephritis, also refutes such a diagnosis.”

5. We accept the reviewer’s comments and have removed the portion on the pathogenesis of lupus nephritis and HIV-associated immune complex GN. Focus is now placed on the differential diagnosis of the renal biopsy, as suggested.

6. Normal ranges had been included in page 4 of the manuscript. Blood cell counts are now only represented in cells/uL. (Page 4)

7. Serum leukocyte count has been replaced with blood leukocyte count. (Page 4)
8. Proliferation of endothelial cells has been replaced with endothelial cell damage and activation on page 5.

9. “The absence of extraglomerular immune deposits involving tubular basement membranes and vessel walls would be unusual in severe lupus nephritis.” has been removed in page 6.

10. Suggestion by reviewer “MPGN has been the most commonly reported histological TYPE OF GLOMERULONEPHRITIS…” is now incorporated in page 7.

11. The spelling error was corrected to “Kowalewska” in page 7.

12. The findings does not add to the discussion and differential diagnosis, and hence was not imaged and shown in a figure.