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 2

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 2’s report.

Referee 1

1. We have reviewed the IMF photos. The perceived inconsistency in the data and the interpretation by the reviewer are most likely a result of the suboptimal quality of the images transmitted. The reporting pathologist who is a co-author, has verified that the staining characteristics are as reported in the text, and the images have been improved to reflect the intensity of staining actually observed. The images, now of better quality, are re-submitted as Figure 2.
2. Intraluminal deposits are deposits in the capillary lumina that connect with those in the subendothelial location but which because of massive accumulation, fill and possibly occlude the capillary lumina. We accept the reviewer’s comment that the original photomicrograph may depict an area with massive subendothelial but not strictly intraluminal deposits, and the entrapment of cytoplasm here may suggest a membranoproliferative pattern (a membranoproliferative pattern was in fact also present in this biopsy as is stated in the text). We have replaced Figure 3 with a less controversial electron micrograph in respect of whether the deposits are intraluminal (here the deposits do not just narrow but occlude the capillary lumen). Also the cells present among the deposits in this photomicrograph are clearly inflammatory cells and not mesangial cells.

The legend in Figure 4 has been corrected as suggested.

3. The abstract has been re-worded to reflect MPGN pattern being a common histopathology, when glomerulonephritis occurs with lymphoma.

4. Accepted by reviewer.

5a. The last sentence on page 7 has been revised.

5b. The following sentence on page 8 beginning with “The paraneoplastic…” highlighted by the reviewer refers to glomerulonephritis occurring with lymphoma in general, and not to the particular lupus-like nephritis case in question. Treatment for lymphoma does not equate treatment for the glomerulonephritis, so the use of the term spontaneous remission of the glomerulonephritis is appropriate here.

5c. The next sentence on page 8 beginning with “Consequently, the similar hyperactive…” has been corrected to “Consequently, the similar heightened immunological activity…” to provide a better understanding of the point.
5d. We also agree with the reviewer that low titers of anti-dsDNA antibodies do not preclude a diagnosis of lupus nephritis, which is why we argue that is less likely and did not state that it is excluded.

5e. In page 10 highlighted by the reviewer “Likewise, the anti-dsDNA titers would represent a false positive serology arising from polyclonal B-cell activation…”, a reference has been added to support this statement.

5f. In page 10 highlighted by the reviewer “…suggesting the production and deposition of immune complexes arising from polyclonal immunoglobulins.”, the lambda IMF photo has been improved, demonstrating the presence of both kappa and lambda staining, and hence substantiating the presence of polyclonal immunoglobulins.

5g. In the last sentence on the portion of DISCUSSION, the term “full-house” has been added to highlight the uniqueness of the morphological pattern in this case report.

5h. The conclusion has been changed accordingly.

5i. The references has been corrected accordingly.

6. Accepted by reviewer.

7. Accepted by reviewer.

8. Accepted by reviewer.

9. Accepted by reviewer.

10. Accepted by reviewer.

11. Accepted by reviewer.

12. Accepted by reviewer.