Reviewer's report

Title: Chronic Kidney Disease of uncertain aetiology; prevalence and causative factors in a developing country

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Reviewer: Marcello Tonelli

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This article is interesting and deserving of publication, but would benefit from some revisions.

1. Change study objectives to text rather than bullet points
2. Move inclusion criteria to methods
3. Better explain (in the introduction) the focus on environmental exposures
4. The definition of CKD that was selected requires albuminuria. Why were people with low GFR but no albuminuria considered to be free of CKD?
5. The definition of CKD lumps together “grade 1” (albuminuria only; less clinically relevant) with “grade 4” (albuminuria+very low GFR; very severe). A sensitivity analysis would be helpful, focusing on those with more severe disease such as grade 3 and 4.
6. The authors speculate that raised serum strontium levels are due to tubular dysfunction. Alternatively, might it be due to strontium in the food/water?
7. Table 1 should include more information on blood pressure (measured values) and its treatment. Information on baseline history of vascular disease would also be useful.
8. Table 2: I did not understand how the variable "agriculture type" was defined for non-farmers.
9. Tables 5 and 6 are hard to read, and might be better replaced by box plots
10. There are a lot of tables and figures. Perhaps some more of them could be moved to e-appendices -- especially for the analyses that did not demonstrate an association between the putative exposure and CKD.
11. The major comment concerns interpretation: it seems clear that the patients ingest more heavy metals than is advisable. However, the link between heavy metal ingestion/body burden and CKD in the present study is less clear. This is especially important because other potential causes have not been completely ruled out. For example, what about traditional/herbal medicines, over-the-counter analgesic use, or other contaminants of the food supply (other than heavy metals)? Infections (either incompletely resolved acute infections, or chronic infections such as tuberculosis) are another possibility, as are previously undescribed hereditary kidney disease.
**Level of interest:** An article of importance in its field

**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