Author's response to reviews

Title: Does treating obesity stabilize chronic kidney disease?

Authors:

Sujata Agnani (sagnan@lsuhsc.edu)
Vidula T Vachharajani (vvachh@lsuhsc.edu)
Rohit Gupta (rgupta@lsuhsc.edu)
Naveen K Atray (natray@lsuhsc.edu)
Tushar J Vachharajani (tvachh@lsuhsc.edu)

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To the reviewers:

Thank you very much for reviewing our manuscript. I have implemented all the suggested changes to our manuscript and I think the case report appears to be more complete. I have listed the changes below for your kind perusal.

1. We report a case that illustrates the stabilization of renal function with obesity directed therapy.
2. The inverse creatinine to time plot as shown in figure 1 clearly demonstrates the stabilization of the renal function 15 months following his weight loss surgery. The patient was being evaluated for pre-emptive renal transplantation and because of his previous history of coronary artery disease he underwent a left heart catheterization study in March 2005. Unfortunately, despite all precautions he developed radio-contrast induced nephropathy and had to be initiated on renal replacement therapy. He currently remains on dialysis and is awaiting a renal transplantation, which would not have been possible without his weight loss.
3. Proteinuria seen in obese patients is often considered to be secondary to focal and segmental glomerulosclerosis. However, Kambham et al have reported a distinct obesity related histopathological change in the glomeruli, referred to as obesity-related glomerulopathy and was characterized by glomerulomegaly and focal segmental glomerulosclerosis. This entity differs from idiopathic focal segmental sclerosis with a lower incidence of nephrotic syndrome, more indolent course, consistent presence of glomerulomegaly, and milder foot process fusion [15]. We did not perform a renal biopsy hence we do not know whether proteinuria was secondary to obesity related glomerulopathy or idiopathic focal segmental sclerosis. Adequate treatment of obesity reduces proteinuria and decreases the need for medications such as angiotensin converting enzyme inhibitors or angiotensin-receptor blockers, which are known to further reduce the glomerular filtration rate.
4. Alexander JW et al studied 30 morbidly obese patients; 19 with chronic kidney disease and 11 with renal transplantation; and reported gastric bypass surgery to be an effective means for achieving significant long-term weight loss and relief of co-morbid conditions in patients with renal failure on dialysis, in preparation for transplantation, or after transplantation [18].
5. Relevant changes in the figures and the references.