Author's response to reviews

Title: Does treating obesity stabilize chronic kidney disease?

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Version: 4 Date: 16 May 2005

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Version 2: Date: May 14, 2005
The Biomed Central Editorial Team

Manuscript ID: 7261495585878839
Does treating obesity stabilize chronic kidney disease?

Thank you for consideration of our manuscript for publication in your journal. We have implemented all the suggested changes to our manuscript and we think the case report appears to be more complete. We have listed the changes below for your kind perusal.

Reviewer # 1 (Arya M Sharma)

1. The authors should be careful with their claim that this is the “first” case of renal failure being described in the context of weight loss surgery.
   • We report a case that illustrates the stabilization of renal function with obesity directed therapy

2. They should discuss the work by Alexander JW, Transplantation 2004, who in fact present 30 patients with ESRD/Tx who undergo bariatric surgery.
   • 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].

3. The authors may also wish to address the issue of obesity-related glomerulopathy (work by Kambham and others) as being distinct from idiopathic FSGS with a rather benign prognosis.
   • 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 defers 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].

4. The authors should note as a limitation of their study that a kidney biopsy was not performed and we therefore do not know the underlying diagnosis. Clearly, the effect of weight loss may vary in patients with different underlying renal disorders. Although unlikely in this case, the reduced need for medications following weight loss (e.g. ACEIs, NSAIDs, etc.) may also improve renal function. This should perhaps be discussed.
   • 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.
5. The table is redundant. The findings are obvious from the figure.
   - Done

Reviewer #1 (Frederic C Strife)

- The report would be strengthened by adding data to the figure at least through the first quarter of 2005.
  1. 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.

- Table 1 is redundant as the information is shown in the figure.
- It would appear that several of the references need completion.
- Page 4, line 6: the word “the” is missing prior to the word “patient”.
- Up-date the figure as suggested above.
  1. All of above done.