Reviewer's report

Title: Tubulointerstitial Nephritis and Uveitis Syndrome Complicated by IgA Nephropathy and Graves' disease: A case report

Version: 1 Date: 25 May 2014

Reviewer: Paul Cockwell

Which of the following following best describes what type of case report this is?: An unexpected association between diseases or symptoms

Has the case been reported coherently?: No

Is the case report authentic?: Yes

Is the case report ethical?: Yes

Is there any missing information that you think must be added before publication?: Yes

Is this case worth reporting?: Yes

Is the case report persuasive?: No

Does the case report have explanatory value?: No

Does the case report have diagnostic value?: No

Will the case report make a difference to clinical practice?: No

Is the anonymity of the patient protected?: Yes

Comments to authors:

This is an interesting observation. The authors report the following autoimmune diseases occurring in a single individual. Graves disease; IgA nephropathy; Interstitial Nephritis, Uveitis.

What is unclear is what is the basis for TINU? The patient had an IgA nephropathy with heavy proteinuria; could the interstitial nephritis have been associated with the IgA nephropathy? The observation of an improvement with steroids is not in itself of particular note. There are case reports of an improvement in kidney function with steroids for TINU and there will never be a proper study of treatment with steroids for this disorder as the lesion is rare.

Therefore the main important observation here is that autoimmune and
inflammatory diseases can occur in combination and the combination reported here has not previously been documented.

However, as currently written it is not publishable as there is little explanatory value. I would advise the authors to improve the accuracy of their case including providing better renal histology information. Making the statement there is an interstitial nephritis and showing a micrograph of the kidney is not sufficient. How extensive was the interstitial nephritis? Why was this not a secondary consequence of IgA nephropathy and proteinuria? Furthermore Uveitis occurs with Grave’s disease – is this not the case here and the kidney lesion is independent? These points need to be considered.

If these points can be addressed, in addition I advise that the authors also provide a table showing all the previous associations between TINU and other autoimmune disorders. This will be of great assistance to clinicians reading the article.

**Level of interest:** An article of importance in its field

**Quality of written English:** Needs some language corrections before being published

**Declaration of competing interests:**

'I declare that I have no competing interests'