Author’s response to reviews

Title: IgA nephropathy featuring massive wire loop-like deposits in two patients with alcoholic cirrhosis; Case Report

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# reviewer 1

Major:
IgAN is the most common renal disease associated with prominent mesangial IgA deposition, and occurs with greatest frequency in Asians and Caucasians. Primary IgA nephropathy, which
is defined by the absence of systemic features, is characterized by the elevation of serum IgA value and the following renal histological finding; LM shows mesangial hypercellularity and increased matrix, IF shows IgA staining (often accompanied by C3) in mesangium and, to a lesser degree, along the glomerular capillary wall, and EM typically reveals electron dense deposits that are primarily limited to the mesangium. While, Henoch-Schönlein purpura (HSP), also called IgA vasculitis, is systemic vasculitis accompanied by palpable purpura, arthritis, abdominal pain and renal disease. Its renal lesion is similar to primary IgA nephropathy, but has the following differentiation points. LM can show a wide spectrum of glomerular changes, ranging from isolated mesangial proliferation, to severe crescentic glomerulonephritis. In addition, IF may reveal IgG, IgM, fibrinogen, and C3 in the glomeruli. By EM, electron-dense deposits are typically found in the mesangial areas, occasionally extending out into the peripheral capillary loops (13,14).

Because histologic changes in patients with cirrhosis-related IgAN are generally reported mild form of IgAN (5), alcohol massive intake may be related to IgAN severity, and have contributed to development of secondary IgAN, consistent with severe renal involvement of HSP, in these two patients, probably via portosystemic shunting.

Minor:
Although complete remission of proteinuris persisted after discontinuation of PSL, renal dysfunction persisted. A second renal biopsy was performed for the evaluation of renal disease 1 year after the first biopsy.