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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J. Kevin Tucker
BMC Nephrology
The comments of the reviewer and editor have been helpful in allowing us to revise our manuscript for “BMC Nephrology”. We have attempted to address the questions raised as follows.

# reviewer 1

There are two reports showing a close relation between portosystemic shunting and mesangial IgA deposits. Dash et al. performed a prospective study of spleno-renal shunt surgery to 200 non-cirrhotic portal fibrosis (NCPF) patients with bleeding episode from esophageal varices due to portal hypertension. Portal circulation was directly entered into the inferior vena cava via the renal vein surgically. 32% of these patients developed nephrotic syndrome in five years after surgery. Renal histology revealed mesangiocapillary glomerulonephritis (MCGN) (18.5%). Immunofluorescence showed granular deposition of IgA and C3. Electron microscopy revealed electron dense deposits in the mesangium (15). Soma also reported three patients showing membranoproliferative glomerulonephritis (MPGN) type I with IgA depositions 7 to 13 years after portosystemic shunt surgery (16). These studies indicate that IgA derived from the gastrointestinal tract can contributed to IgA nephropathy via portosystemic shunting.


We brushed up the manuscript. We have attempted to deal with each of the issues raised and we have underlined the changes in the text.

Thank you for your consideration of the revised version.

Yours sincerely,
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