Author’s response to reviews

Title: Renal limited AL amyloidosis - a diagnostic and management dilemma

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Point to Point reply :

Thank you for your valuable time and comments. Do see the reply as below:

Suchin Worawichawong (Reviewer 2): The topic renal limited AL amyloidosis in MGUS patient is interesting, however there are some concerns should be addressed

1. What is the result of the immunofluorescent study of the first kidney biopsy, particularly light chain staining? and also the repeated one?

Reply: First kidney biopsy reported as no significant immune deposit. Repeated kidney biopsy’s immunofluorescent study showed non-specific staining of C3, IgG, IgA, IgM, kappa LC, Lambda LC, fibrin and C1q all negative. An additional potassium permanganate treatment prior to Congo red staining was done in repeated biopsy showed persistent birefringent which suggest AL amyloidosis instead of AA.

2. What is the result of Bone marrow biopsy when the repeated kidney biopsy was performed? The author mentioned negative result of bone marrow aspiration and biopsy before treated with chemotherapy.

Reply: The repeated BMA and biopsy showed normal cellularity with presence of 2-3% plasma cells likely to be reactive in nature. Flow cytometry result showed 6% lymphocytes and 0.5% plasma cells in which aberrant plasma cells are not detected.

3. Is there any study on electron microscopy?
Reply: Unfortunately, we do not have EM, as this is not a test readily available in our country.

4. The figures should have annotation to identify the pathologic findings. The figure legends of figure 4 and 6 do not correlate with the figures. All figures shown suggestive for deposition disease, but not convince for amyloidosis.

Reply: We have inserted the annotation into the figures. Unfortunately, the Congo red stained slides were not included, however the pathologist has reported it and verified the slides.

The article has been edited by a native English speaker.