Author’s response to reviews

**Title:** Development of anti-glomerular basement membrane glomerulonephritis during the course of IgA nephropathy: a case report

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**Author’s response to reviews:**

August 11, 2018

Professor Hayley Henderson
Editor, BMC Nephrology

Re: Manuscript BNEP-D-17-00582

Dear Professor Henderson,
Thank you very much for your letter of July 12, 2018, concerning our manuscript entitled “Development of anti-glomerular basement membrane glomerulonephritis during the course of IgA nephropathy: a case report”. We are pleased to note your willingness to re-consider our paper if suggested revisions are made. We have taken advantage of the referee’s valuable comments and are submitting a revised version of the manuscript. In this version, we have highlighted all changes that had been made to the original manuscript.

We have also attached to this letter a list of itemized responses to the reviewers’ comments.

We hope that we have answered the reviewers’ questions adequately and that you will find our revised manuscript acceptable for publication in BMC Nephrology. If you have any questions, please contact me by E-mail shown below. Thank you very much for your kind consideration.

Sincerely,

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Reply to the referee’s comments
(Page and lines listed are those in revised manuscript)
Dear Reviewer 1

We sincerely thank you very much for your kind and constructive direction and suggestion. All your advices are now incorporated to the revised manuscript.

1. You advised us to explain the reason for not giving immunosuppressant to this patient.

Thank you for the valuable advice. We have added the description about the reason for not giving immunosuppressant to this patient in the revised manuscript (Page 7, line 14-17) as advised.

2. You recommended us to add reference ranges for laboratory data in the table.

We have added the reference ranges of most laboratory data in table 1 as advised.

3. You advised us to make a list of presentation from IgA nephropathy and from anti-GBM disease (RPGN).

We made a table 2 showing clinical and histological presentations from IgA nephropathy (at the time of first renal biopsy) and from anti-GBM disease (at the time of second renal biopsy) as advised (Page 7, line 18-Page 8, line 2).

Dear Reviewer 2

We sincerely thank you very much for your kind and constructive direction and suggestion. All your advices are now incorporated to the revised manuscript.
1. You indicated that starting treatment of RPGN without biopsy would be against accepted practice.

We agree it usual to perform renal biopsy before starting the treatment of RPGN especially in the newly onset case. In this patient, however, renal biopsy was performed just 8 months before the onset of RPGN for the diagnosis of chronic glomerulonephritis (IgA nephropathy). Furthermore, extremely severe and rapid clinical feature with massive hematuria and positive anti-GBM antibody strongly suggested the clinical diagnosis of anti-GBM disease even in the absence of histological information. Therefore we made it a priority to start the treatment for preserving life and renal function as soon as possible rather than performing renal biopsy. Renal biopsy was performed later in order to assess the probability of renal recovery and to make the final diagnosis. This point was added in the text (Page 7, line 2-3).

2. You advised us to offer more detail of clinical and histological finding in the text.

We made a table 2 summarizing the clinical and histological features, and added some description in the text (Page 6, line 2-3, 5-6; Page 7, line 2-3, 14-Page 8, line 2) as advised.