Author’s response to reviews

Title: Long-term peritoneal dialysis followed by kidney transplantation for Takayasu arteritis: A case report

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Author’s response to reviews:

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Dr. Hayley Henderson
Editor
BMC Nephrology

Re: Your submission to BMC Nephrology - BNEP-D-18-00785

Dear Editor:

Please find attached a revised version of our manuscript entitled “Long-term peritoneal dialysis followed by kidney transplantation for Takayasu arteritis: A case report,” which we would like to resubmit for consideration as a Case Report in BMC Nephrology.

We thank the reviewers for their thorough review, constructive and helpful comments, and insight. We have made revisions to the manuscript based on their critiques. We greatly appreciate their time and effort in providing us with this input, and we hope that you will find this revised manuscript acceptable for publication.
We have provided point-by-point responses to the reviewers’ comments and discussed the related revisions made in our final version of the manuscript. Text in the amended manuscript that directly addresses reviewer concerns is highlighted in yellow. We feel that the suggestions of the reviewers have greatly improved our manuscript and hope that our revisions based upon their suggestions have made it acceptable for publication in BMC Nephrology.

We look forward to hearing from you at your earliest convenience.

Yours sincerely,

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Responses to the comments from Reviewer #1

Reviewer #1: Thank for the report of this case.
The manuscript was well written. The significance of this case report will be seen: 1) the complication of TA - leading to end-stage of renal disease; and 2) the RRT options and the outcomes of the therapy in this particular condition.

Response: We thank the Reviewer for this encouraging comment. We believe that successful RRT in TA patients has rarely been reported, and the findings in this patient are worth reporting.
Responses to the comments from Reviewer #2

Reviewer #2: Dear Sir

Thank you for letting me to review this very interesting case of renal transplant after long period of PD of TA vasculitis.

I have few comments for the authors:

How frequent the episodes of peritonitis during such long period? Especially with normal peritoneal biopsy at time of transplant.

Response: We appreciate this perceptive comment. The patient experienced PD-related peritonitis only once, which partly explains the finding of almost normal peritoneum. We have emphasized this fact in the revised “Case presentation” section (page 6, line 87) and “Discussion” section (page 9, line 144).

How did the authors diagnose CAAMR especially in ABO incompatible donor?

Response: We thank the Reviewer for this insightful comment. We did not assume this CAAMR due to ABO incompatibility because ABO-related AMR tends to occur especially within 2–7 days posttransplant and does not occur more than 1 month posttransplant owing to accommodation [Clin Exp Nephrol 2007; 11: 128-141, Transplant Rev (Orlando). 2013;27:1–8]. Accommodation stands for the lack of reaction between ABO blood group antigens on the surface of endothelial cells of the donor graft and the corresponding antibodies in the recipient blood. Once it has been established, there are no further instances of ABO-related AMR, and this continues for the life of the graft. In fact, it has been reported that long-term outcome in the recipients of ABO-incompatible living kidneys was excellent in Japan [Am J Transplant. 2004;4:1089–96]. These are the reasons why we consider this CAAMR to be caused by anti-HLA antibodies. We have emphasized these facts in the revised “Case presentation” section (page 8, line 122).

Did the authors follow the DSA levels after management of CAAMR?
Response: We thank the Reviewer for this perceptive comment. We did not measure the titer of anti-HLA-DQ4 antibodies soon after the treatment for CAAMR but did about 1 year after transplantation. We have clarified them after the management for CAAMR in the revised “Case presentation” section (page 8, line 128).