

Response to reviewers' comments:

Reviewer 1

COMMENTS TO AUTHORS

Vikrant et al. reposted clinico-pathological spectrum of snake bite-induced acute kidney injury (AKI) in India. This study demonstrated the major histology of snake bite-induced AKI and risk factors of patients' death in a large number of patients. This paper is well written, but there are some concerns to be addressed.

1. This is an original study, thus, the authors should highlight what is new in this study and should concentrate the words number in discussion section based on the AKI findings. This reviewer feels that this is rather a review article than an original one.

Authors reply: The manuscript has been submitted as an original article and review of the published literature over the last 25 years has been carried out to study the changes in the clinicopathological spectrum of the snake bite-induced AKI in light of findings of the current study. The manuscript has been prepared as per the guidelines for manuscript preparation of a retrospective study.

2. It is necessary to show study permission from ethical committee in their institution.

Authors reply: All patients included in the study gave informed consent for investigation and treatment. No direct consent was taken from the patients as this is a retrospective study. Consent, instead, was obtained from the Hospital Authorities and Institutional Review Board to use the information contained in the patient record solely for the educational purpose of this research only. Permission from the ethical committee of this institute has been submitted.

Reviewer 2

COMMENTS TO AUTHORS

The study is interesting and inclusive for the readers of the special field. There is only one comment for the author. For the issue of clinico-pathology, I suggest the author clarify the clinical picture based on the ATN, ATIN or other class of renal pathology.

Authors reply: There was no difference in the clinical picture between the patients of ATN and ATIN. Patients remaining oligoanuric or whose serum creatinine did not decrease satisfactorily at the end of three weeks should be subjected to kidney biopsy. The kidney biopsy has a diagnostic, prognostic and therapeutic value in such patients. Patients with ATN or ATN associated with ATIN are likely to recover. Those with ATIN on kidney biopsy may be treated with a course of steroids to hasten the recovery and to prevent development of fibrosis. RCN carries a sinister prognosis. Only one patient with RCN on kidney biopsy had oligoanuria lasting for >4 weeks and required dialysis support this period. The patient had partial recovery of renal function and came off dialysis as the patient had patchy cortical necrosis. The necessary clarification has been made in the revised manuscript.

Necessary Changes in Revised manuscript is in red colored font:

1. Title of the manuscript:

‘Clinico-pathological’ has been changed to-

‘Clinicopathological’ after Google Scholar search

2. Running Title Changed to

Vikrant S *et al.* Snake bite- induced AKI

3. Necessary changes in Material & Methods in Abstract as per the requirements/guidelines of the Journal has been made

4. Comments as per the format/guidelines of the Journal has been inserted

5. Figures have been sent in word file