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PEER-REVIEW REPORT

Name of journal: *World Journal of Transplantation*

Manuscript NO: 70166

Title: Is de novo membranous nephropathy suggestive of alloimmunity in renal transplantation? A case report

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 00503282
Position: Editorial Board
Academic degree: FCPS

Professional title: Professor

Reviewer's Country/Territory: Pakistan

Author's Country/Territory: United Kingdom

Manuscript submission date: 2021-07-26

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-07-30 15:00

Reviewer performed review: 2021-08-07 12:59

Review time: 7 Days and 21 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No

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Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

In this case report, the authors present a case of a 22-year-old male patient, on dialysis for 8 months, who underwent live related renal transplantation. Primary kidney disease was chronic pyelonephritis. Mother, 42 years, was his donor. Post-transplant at 3 months, he developed nephrotic-range proteinuria. Renal allograft biopsy showed features of Membranous Nephropathy (MN). IF showed positivity of IgG1. Serum PLA2R antibody was negative. He received Ramipril, and his IS was modulated, to which he responded very well. His proteinuria remitted at 6 moths follow-up. The authors claim this case to be de novo MN, most probably secondary to allo-immune causes. However, no evidence in support of this claim is present. DSA was negative. C4d was negative. HLA DR was fully matched. There was no infiltrate in the biopsy or other features of ABMR, eg. Glomerulitis, TG, V lesions or IFTA, etc. It is an interesting case but needs to be improved before it can be accepted for publication. 1. Abstract should follow the format of journal. It should be structured/organized with three subheadings: Background, Case summary and Conclusion. Presently, it is presented haphazardly. 2. English needs to be improved throughout the manuscript. 3. Standardized method of abbreviations should be used, ie. These should be fully spelled out on first use and then only abbreviations be used. This is not the case the case in present report. Eg. PASM, IF, etc. 4. De novo is in italic fonts (de novo) in some places and in straight font at others. Please harmonize it. 5. “Please see figures 1 and 2” should be changed to (Figures 1 and 2) and so on. 6. Usually references are not cited in Case Report section and contextual information is not given in Case report section. These should be moved to discussion section. 7. F. Teixeira et al. should be changed to Teixeira et al. Only last name of author

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followed by et al. should be given at all places. 8. Discussion is general. It should be focused to presented case in context to available literature on the topic. 9. Discussion should be in continuous fashion without subheadings. 10. Figure legends are not properly written. Stain names and magnification powers should be given in parentheses, eg. (HE, ×200), etc. 11. There is an interesting article on the etiopathogenesis of MN in general, which may be cited as: Mubarak M. Does idiopathic imply autoimmune causation in membranous nephropathy? A new twist in the aetiopathogenesis of the disease. Port J Nephrol Hypert 2015; 29(3): 266-268.