

Comments:

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 months 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 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.

Answer:

1. The abstract is changed according to English has been the format of the journal. It has been structured in the subheadings
2. English has been polished throughout the manuscript.
3. Standardized method of abbreviation is modified according to the reviewer's advice.
4. De novo has been changed to italics fonts throughout the manuscript.
5. The figure 1, 2 and so on has been changed to Figure 1, 2 and so on.
6. The case report section is separated without out references and rest has been moved to the discussion.
7. Only the last name of author followed by et al. has been changed.
8. The discussion has been modified according to the present case.
9. The subheadings have been removed from the discussion.
10. Figure ligands has been changed according to the requirement in details about the magnification and the stains.
11. The interesting article by Mumbarak M. has been quoted as a reference (Mubarak M. Does idiopathic imply autoimmune in membranous nephropathy? A new twist in the aetiopathogenesis of the disease. Port J Nephrol Hypert. 2015; 29(3): 266-268).