

Regarding Manuscript:

“Successful Treatment of Tubulointerstitial Nephritis in Immunoglobulin G4-related Disease with Rituximab: A case report”

Manuscript Number: 43452

Dear Professor;

Please find attached a point by point answer to the editor and reviewer comments regarding our case report. We have tried to comply with all requests and we believe the new revised version reads better. We hope the editor and reviewers find that the changes performed justify the acceptance of our case report in World Journal of Clinical Cases. All changes are indicated by **red color** in the revised manuscript.

Yours sincerely,

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Editor Comments:

Comment 1) Please provide language certificate letter by professional English language editing companies (Classification of manuscript language quality evaluation is B).

For manuscripts submitted by non-native speakers of English, please provided language certificate by professional English language editing companies mentioned in 'The Revision Policies of BPG for Article'.

Response: We would like to thank you for your supportive comments. We sent our manuscript professional English editing service and we added our certificate.

Comment 2) Please provide the decomposable figure of Figures, whose parts are movable and editable. So you can put the original pictures in PPT and submit it in the system.

Response: According to your comments, we put the editable pictures with PPT.

Comment 3) Your manuscript should be prepared with Word-processing Software, using 12 pt Book Antiqua font and 1.5 line spacing with ample margins.

Response: We made the changes according to your comment.

Comment 4) Please revise and perfect your manuscript according to peer-reviewers' comments. Please upload the required files on the system.

Response: We made the changes according to reviewer comments.

Comment 5) Our policy for the Case Report manuscript requires the title to include the disease name, the number of cases, and the phrase "literature review". In addition, the description of the paper as a literature review must be supported by the manuscript's content. Please update the reference list and add references with accompanying textual content that will strengthen the manuscript as a literature review of the appropriate and up-to-date case-related information. Please note that if authors only add the words "literature review" to the title, but do not revise the textual content of the manuscript to provide a literature review, the manuscript will be rejected

Response: According to your suggestion we added the title "literature review" and changed the context.

Reviewer comments:

Reviewer #1: This is an interesting and informative case report. Several concerns are arisen which should be addressed adequately. 1. It is unclear regarding long-term outcome of this patient. This issue should be clearly stated in the text and abstract. 2. Total dose of RTX administered in this patient should be described. Why the authors choose RTX instead of other immunosuppressive drugs, such as MMF, cyclophosphamide or cyclosporine? The rationale of this issue should be added. 3. Discussion section seems to be rather long. This section should be shortened and rewritten concisely focusing on the core tip.

Response: We would like to thank the reviewer for the comments.

1. We added the long term result of the patient both the abstract and the text.
2. According to your recommendation we clearly stated why we choose rituximab and we added the explanation below into the manuscript.

“She had been treated with steroid, mycophenolate mofetil, methotrexate and azathioprine previously in last two years and she had been accepted resistant to these therapies. She refused to receive cyclophosphamide due to her child-bearing potential. Thus, rituximab therapy was considered. 1000 mg infusion of rituximab were administered, 15 days apart. After six months the dose was repeated due to partial response. Total dose of rituximab reached to 4000 mg. After one year of rituximab therapy serum creatinine decreased from 4.4 mg/dL to 1.6 mg/dL, erythrocyte sedimentation rate decreased from 109 mm/h to 20 mm/h (RR 0-20), and C-reactive protein (CRP) decreased from 55.6 mg/L to 3.26 mg/L (RR 0-6). All pathologic lymph nodes and masses were also disappeared.”

3. According to your comment we rewrite the discussion section.

Reviewer #2: 1 thanks for your case presentation It is valuable to review the previous cases and to compare their different clinical settings please demonstrate more the response to therapy 2 Also demonstrate the new findings or different findings faced across your case 3 please revise the writing methodology and spelling

Response: We would like to thank the reviewer for comments.

1. According to your advice we reviewed the literature in terms of rituximab treatment with IgG4 cases and we also added long term result of the patient (one year after rituximab therapy).
2. Our case was different due to it was a resistant case to other immunosuppressive drugs. Rituximab halted the disease activation and remission was achieved.
3. We revised the methodology and spelling.