

Editor-in-Chief  
World Journal of Nephrology

I would like to thank you for considering my manuscript, entitled “Management and Outcomes of Acute Post-Streptococcal Glomerulonephritis in Children” for publication in World Journal of Nephrology. As requested, I have revised the manuscript according to the comments made by the reviewer. Below are my responses (in red) to all of the questions posed by the reviewer.

Reviewer 1 Comments:

.....supportive in nature with fluids, No! fluid restriction! Decreased complement levels are not predictor of poor outcome. Persistence of hypocomplementemia beyond 12 weeks suggests alternative diagnosis e.g. SLE or MPGN. “However, small percentage of patients with persistent urinary abnormalities, persistent hypertension, and chronic kidney disease after the acute episodes”-incomplete sentence acute episodes - why plural? ...through immune complex-mediated mechanism causing aggravation of blood vessels in the glomeruli (what do you mean with aggravation?) GAHBS - explain the abbreviation Thiazide diuretics are effective as a first-line medication in APSGN - should be used with caution (hyperkalemia!) The treatment of pulmonary edema was not elaborated at all. Concerning calcium channel blockers it is necessary to mention that short acting nifedipine should not be administered due to serious adverse effects!

1. Fluids management has been revised to fluid restriction. Fluid restriction has been expanded on the management section.
2. “Decreased complement levels are not predictor of poor outcome.” It has been clarified that decreased complement levels are associated with disease severity upon presentation instead of predictor of poor outcome.
3. “However, small percentage of patients with persistent urinary abnormalities, persistent hypertension, and chronic kidney disease after the acute episodes” The sentence has been revised.
4. Aggravation has been revised to aggregation.
5. The abbreviation of GAHBS has been explained.
6. Adverse effect of thiazide diuretics has been explained.
7. The management of pulmonary edema has been explained.
8. Several studies has showed that short acting nifedipine is safe in children for severe hypertension and hypertensive emergencies. The use of nifedipine has been explained in the anti-hypertensive section. None of the studies showed short acting nifedipine should be contraindicated in children. The serious adverse effects are rare in children based on the studies.

Reviewer 2 Comments:

Interesting article to read  
Thank you for your review.

Reviewer 3

However, I have some minor comments: The section of management should be improved. How to manage fluids, edema? When to conduct dialysis?, etc.

The section of management has been elaborated which include antihypertensive, fluid restriction, pulmonary edema and dialysis