

Dear Editor,

We resubmit the paper entitled **SEVERE CYCLOPHOSPHAMIDE-RELATED HYPONATREMIA IN A PATIENT WITH ACUTE GLOMERULONEPHRITIS**, after revision according to the objections rose by the Reviewer.

Overall, we think that the criticisms were appropriate and constructive, and we hope that our new amended version of the manuscript matched their requirements.

In the revised text, changes are marked in red.

### **Responses to Reviewer:**

Reviewers' comments:

The authors described a patient with acute glomerulonephritis who developed severe hyponatremia following low-dose intravenous cyclophosphamide (CYC).

1. What is the clinical and pathological diagnosis for an underlying kidney disease of this patient? What about IF or EM findings? It should be clearly described in the text.

*As suggested, we defined in more detail the clinical and histological diagnosis. In particular, IF not show immune deposits, while electronic microscopy was not performed. So, final diagnosis was rapidly progressive glomerulonephritis secondary to ANCA-negative pauci-immune crescentic glomerulonephritis*

2. The authors suggested that metabolite of CYC upregulated V2R and AQP2 through the suppression of IL-1 and TNF1. Kim recently reported that CYC directly activated V2R and upregulate AQP2 of renal distal tubules despite of absence of ADH in rat kidney models.

This paper should be better to cite in the discussion.

*As suggested, we added and cited this interesting paper by Kim et al.*

3. page 5, line 24: “1 mg/kg/die” should be corrected to “1 mg/kg/day”.

*We changed the text, as suggested by the reviewer.*