

thrombotic microangiopathy (TMA) with IgA nephropathy, especially in patients with uncontrolled hypertension has been reflected in various studies. A study by Chang *et al.* found TMA in 10 patients with IgA nephropathy but three patients had only ultrastructural features of TMA.<sup>[2]</sup> Hence it is possible that TMA may be overlooked by light microscopy. Some patient may have near normal renal histology in the face of TMA.<sup>[3]</sup> Significant proteinuria, as seen in our patient is also strongly associated with TMA. However in our patient, there was no histological evidence of TMA. The renal Doppler study was also normal.<sup>[4]</sup> A study by Platt showed a significantly higher resistive index in nephropathies with tubulo-interstitial and/or vascular injury.<sup>[5]</sup> Due to lack of histological and Doppler evidence we could not comment about TMA in our patient. Though the significance of TMA as an etiological factor of hypertension in IgA nephropathy has been poorly understood, this finding should be actively searched for especially in patients with similar clinical phenotype.

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## Author response on: Malignant hypertension and nephrotic range proteinuria without hematuria: IgA nephropathy

Sir,

We appreciate the reference based comments of Dr. Nasri and thank him for his interest in our article.<sup>[1]</sup> The association of

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