Authors' reply

Access this article online

Quick Response Code:

Website: www.indianjnephrol.org

Sir,

We have read the comments[1] offered on our article. We agree completely that collapsing glomerulopathy (CG) may finally be accepted as a distinct entity with no relation to focal and segmental glomerulosclerosis (FSGS). We would like to clarify that the global sclerosis in the article refers to obsolescent glomeruli and not to global collapse. We did not observe global collapse in any of our cases. Systemic lupus erythematosus was excluded on the basis of clinical and serological features in the case with immune complex deposition.

We agree that a short follow-up period may be an additional factor for the favorable outcome in our study. However, a study by Stokes *et al*.[2] showed high frequency of graft failure within 3–4 months of diagnosis of CG. In comparison to these results, our patients had a favorable outcome.

It is somewhat difficult to clearly outline the etiologic factors of CG in our cases. Vascular lesions definitely play a role in the pathogenesis of CG by causing ischemia and glomerular collapse, as has been described in native kidneys as well. Other factors such as viral infections and drug toxicities may also be involved.

Although serum creatinine in 5 cases (cases 2, 3, 6, 7, 8) was less than 2.0 mg/dL, there was a significant rise from the baseline creatinine value. Proteinuria we agree is moderate to severe.

We thank the authors for pointing out the discrepancies in numbers at certain places and regret the typographical errors. The correct duration is of post-transplant duration and follow-up are 12–98 and 3–12 months, respectively. The follow-up creatinine values ranged between 1.4 and 2.1 mg/dL.

R. Gupta, A. Sharma, S. K. Agarwal[1], A. K. Dinda

Departments of Pathology, [1]Nephrology, All India Institute of Medical Sciences, Ansari Nagar, New Delhi, India

Address for correspondence

Dr. Amit K. Dinda,
Department of Pathology, All India Institute of Medical Sciences, Ansari Nagar, New Delhi-110 029, India.
E-mail: amit_dinda@yahoo.com

References

1. Mubarak M. Collapsing glomerulopathy in renal allograft biopsies: A study of nine cases. Indian J Nephrol 2012;22:150.
2. Stokes MB, Davis CL, Alpers CE. Collapsing glomerulopathy in renal allografts: A morphological pattern with diverse clinicopathologic associations. Am J Kidney Dis 1999;33:658-66.