Response to the comment on "IgM nephropathy in children: clinicopathologic analysis"

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Dear Editor,

We thank to Dr Mubarak for his interest in and comment on our article "IgM nephropathy in children: clinicopathologic analysis". We agree with Dr, Mubarak that IgM nephropathy (IgMN) is a very controversial entity, with variable definitions in the different case series published. As in all series of glomerulopathy cases, the percentage frequency variability depends largely on the subjectivity of diagnosis in many cases, the characteristics of each study population and the denominator used to determine the percentage. We decided use all renal biopsies because it gives us an idea of the total frequency of cases and permit to compare with other glomerulopathies frequencies. In our series, 138 children were biopsied due to nephrotic syndrome, so IgMN percentage frequency in children with nephrotic syndrome was 9.4%. With respect minimum threshold of IgM positivity used for us in order to define IgM Nephropaty was "++".

The evolution time in ours patients was 1 year until 21 years, (diagnostic moment until last observation); but, we used the time between the first evaluation in this hospital and one year more like follow up.

Dr Mubarak his appreciations about Table 1 is correct, we mistake this information because at moment of diagnosis, seven patients present hematuria and three hypertension. About laboratory information, ours creatine values are mg/dL and for proteinuria mg/m^2/hours, and for last, those patients were classified like cortico-resistant or cortico-dependent in the last evaluations that we found.

Thank you for his correction.

Conflicts of interest

The authors declare that there is no conflict of interest associated with this manuscript.

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B) BRIEF PAPERS ON RESEARCH AND CLINICAL EXPERIMENTS

Prevalence of chronic kidney disease in patients infected by the human immunodeficiency virus

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To the Editor

Antiretroviral therapy has dramatically improved the prognosis and survival of patients infected with the human immunodeficiency virus (HIV).[1] This new situation has allowed pathologies to develop that in previous decades were considered to be less significant. Within this context, there is a growing interest in chronic kidney disease (CKD), and there are discrepancies both in terms of its prevalence and the factors involved in its development, including antiretroviral drugs (Table 1).[2-11]

With these objectives in mind (prevalence and risk factors), we reviewed patients treated at the Infectious Diseases Clinic of Zamora over a 6 month-period (October 2012-April 2013). Inclusion criteria: HIV infection, with at least two consecutive visits. Patients with concomitant acute disease at the time of the visit and/or those with a follow-up period of less than three months were excluded. We reviewed their medical histories and recorded their age, sex, weight, body mass index, follow-up time, concomitant chronic diseases (diabetes mellitus [DM], high blood pressure [HBP], chronic hepatitis B and/or C virus), smoking status, creatinine, phosphorus, proteinuria (measured by