SIR,

I have read with interest the article by Zhou et al. [1] published in your journal. Although, inherently biased, these biopsy studies are important in understanding the pattern of renal diseases in a particular area. The renal diseases are notorious for regional, racial, gender and age-related heterogeneity [2]. We have also reported the histopathological profile in adults with idiopathic nephrotic syndrome (INS) from Pakistan [3]. Our findings are in marked contrast to those of Zhou et al. [1]. The latter have analyzed both primary and secondary glomerulonephritides, in contrast to our analysis, which was restricted to INS. Of particular interest is the low prevalence of focal segmental glomerulosclerosis (FSGS) in the subject study. In our nephrotic adults, FSGS is the dominant pathology, which is also the case in most recent studies from around the world [4]. The authors have found hypoalbuminemia as a useful parameter in further refinement of diagnosis. This is an interesting finding worth further investigation in larger, prospective studies and may lead to a change in biopsy policies. There are, however, a few discrepancies in the article as described below:

The use of the term ‘nephrotic’ for 397 patients with non-nephrotic proteinuria is unwarranted. The authors selected only cases presenting with nephrotic syndrome (NS) or nephrotic-range proteinuria, but in the methods, they enlist all six indications for renal biopsy. We are also curious as to the rationale behind the particular age group cut-offs used in the study.

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The numbers of amyloidosis in the footnote of Table 1 are not correct. The authors state that 59 diabetic patients received renal biopsy, and among these, 50 were diagnosed with non-diabetic nephropathy, which means, nine patients suffered from diabetic nephropathy (DN). But, the number of cases of DN given in Table 1 is 11 + 3 = 14. The cohort of non-IgA mesangial proliferative glomerulonephritis is interesting and quite large. One wonders, why some of these cases do not qualify for IgA nephropathy or IgM nephropathy, given the 2+ and 3+ positivity of respective antibodies on immunofluorescence. IgG positivity in these cases also needs explanation. The prevalence of hepatitis B surface antigen positivity is lower in their nephrotic patients than in the general population. In contrast, the proportion of hepatitis B virus-associated glomerulonephritis (HBVGN) is higher than that observed from other studies in China. This is somewhat discrepant. In the statistical methods, it is stated that differences in proportion of five clinical syndromes of glomerular diseases were analyzed, which is not true, only

NS was analyzed. The authors state that young patients were treated with steroids before biopsy, leading to underestimation of minimal-change disease. What was the upper limit of age of patients treated in this way?

Department of Histopathology, Sindh Institute of Urology and Transplantation (SIUT), Karachi, Pakistan
E-mail: drmubaraksiut@yahoo.com

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