Response to: ‘Renal biopsies should be performed whenever treatment strategies depend on renal involvement’ by Chemouny et al

We thank Chemouny et al for their letter and concur with their conclusions.1 As we state2: “A positive biopsy for ANCA associated vasculitis (AAV) is helpful when considering an initial diagnosis or recurrent disease”. In our view, renal biopsy is important to establish diagnosis and may also provide an indication of prognostic trajectory and although existing classification systems need further validation, changes like glomerular sclerosis have obvious adverse prognostic value for patients with AAV.3–5 The Delphi process, for the scope of the current recommendations, identified the role of biopsy at both diagnosis and follow-up as an important item for update. Histopathological evidence of vasculitis, such as pauci-immune glomerulonephritis or necrotising vasculitis in any organ, remains the gold standard for diagnostic purposes. The likely diagnostic yield varies and is dependent on the organ targeted and in patients with granulomatosis with polyangiitis (GPA) with renal involvement can be as high as 91.5% from renal biopsy.6 As Chemouny et al have demonstrated, a renal biopsy was definitive in determining their management decisions. However, during follow-up when relapses occur, it may be prudent to consider judicious use of further kidney biopsy during suspected renal relapse because the cause for acute kidney injury may be due to another cause other than AAV.7

M Yates,1,2 D R Jayne,3 C Mukhtyar2

1Norwich Medical School, University of East Anglia, Bob Champion Research and Education Building, Norwich, UK
2Department of Rheumatology, Norfolk and Norwich University Hospital, Norwich, UK
3Lupus and Vasculitis Unit, Addenbrooke’s Hospital, Cambridge, UK

Correspondence to Dr M Yates, Norwich Medical School, Bob Champion Research and Education Building, Colney Lane, Norwich NR4 7UY, UK; m.yates@uea.ac.uk

Contributors The authors wrote the response to the eLetter.
Competing interests None declared.
Provenance and peer review Commissioned; internally peer reviewed.

Accepted 3 January 2017
Published Online First 25 January 2017

▸ http://dx.doi.org/10.1136/annrheumdis-2016-210933


REFERENCES
Response to: 'Renal biopsies should be performed whenever treatment strategies depend on renal involvement' by Chemouny et al

M Yates, D R Jayne and C Mukhtyar

Ann Rheum Dis 2017 76: e28 originally published online January 25, 2017
doi: 10.1136/annrheumdis-2016-210962

Updated information and services can be found at:
http://ard.bmj.com/content/76/8/e28

These include:

References

This article cites 6 articles, 3 of which you can access for free at:
http://ard.bmj.com/content/76/8/e28#BIBL

Email alerting service

Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/