

REVIEWER'S REPORT

Manuscript No.: IJAR-52240

Date: 16-06-2025

Title: Management of Membranous Glomerulonephritis-Efficacy of Mycophenolate Mofetil: A Case Report and Literature Review

Recommendation:

Accept as it is.....**YES**.....
 Accept after minor revision.....
 Accept after major revision
 Do not accept (*Reasons below*)

Rating	Excel.	Good	Fair	Poor
Originality		√		
Techn. Quality		√		
Clarity			√	
Significance		√		

Reviewer's Name: Dr Aamina

Reviewer's Decision about Paper: **Recommended for Publication.**

Comments (*Use additional pages, if required*)
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Reviewer's Comment / Report

Abstract – Evaluation

The abstract effectively summarizes the clinical background, patient case, therapeutic approach, and long-term outcomes. It presents the rationale for using Mycophenolate Mofetil (MMF) in a context where conventional therapies either failed or were contraindicated. The progression of the case is clearly outlined, including key diagnostic findings, treatment response, and relapse patterns. The mention of KDIGO guidelines adds a valuable clinical perspective, emphasizing the novelty and relevance of MMF in idiopathic MGN. The abstract maintains a clinical and academic tone, appropriate for medical literature.

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Introduction – Evaluation

The introduction lays a strong foundation by identifying idiopathic MGN as a significant cause of nephrotic syndrome with notable therapeutic challenges. It clearly frames the unmet clinical need for safer and effective long-term immunosuppression. The introduction of MMF as a potential alternative, grounded in its success in related glomerular diseases like lupus nephritis, logically sets up the rationale for the case report. The section is concise and well-positioned to transition into the case description and literature context.

Clinical Relevance and Originality

The paper presents a rare, long-term case of idiopathic MGN successfully managed with MMF and low-dose prednisone. The sustained remission over eight years, relapse after MMF withdrawal, and stability upon reintroduction of therapy provide compelling clinical insights. The case is particularly relevant because it explores the off-label use of MMF in a condition where standard therapies may not be viable. This contributes original clinical data to a relatively underreported area.

Scientific Rigor and Documentation

The inclusion of serial biopsies, immunologic evaluations, and long-term follow-up adds depth and credibility. The juxtaposition of biopsy findings with treatment phases allows for a robust clinical narrative. The mention of a lupus-like histological pattern despite negative serologies raises important diagnostic considerations. Furthermore, linking clinical outcomes to literature and guidelines strengthens the analytical component of the report.

Conclusion

This report offers valuable insights into the management of idiopathic MGN using MMF. The clarity of presentation, long-term follow-up, and critical reflection on the clinical decision-making process make it a meaningful contribution to nephrology literature. The case underscores

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MMF's potential as a viable treatment strategy and provides a basis for further exploration in formal clinical studies.