"Response to Risk factors that can affect the progression of chronic kidney disease in patients with poststreptecoccal glomerulonephritis history"

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We thank the respondents for their interest in our publication.

There is a high background of infections and inflammation in this and other remote Aboriginal communities. Only a few patients in this PSGN cohort had renal biopsies, but we have described renal biopsies in remote-living Aboriginal people across Australia more broadly, of whom people in this community consisted of about one third (1). The only defining entity is glomerulomegaly and attendant segmental sclerosis, while all morphologic changes are represented in excess, including postinfectious changes (1). There is no evidence that other sorts of renal disease are concentrated in those with a history of PSGN, and their phenotypes, including CRP levels, are not different from those without PSGN histories (3). Nor do birthweights differ (3). In this setting, we no longer routinely perform biopsies on people with isolated albuminuria, after negative standard noninvasive assessment, because albuminuria is so common (found in about 50% of adults) (4), and because findings have rarely led to a change in management beyond renal protective treatment and metabolic and blood pressure control. Our control group consist of age- and gender- compatible community members without a past episode of clinically apparent PSGN. Their lower but still appreciable levels of albuminuria might mark undetected episodes of PSGN (2), but they also flag other risk factors in the multideterminant model of renal disease (4). It would be futile to compare these remote-living Aboriginal groups to mainland nonAboriginal “controls”, who have much lower rates of albuminuria, and in whom episodes of PSGN have become a medical curiosity.

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