Peer Review File

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Reviewer A

Interesting case, important to discuss rare presentations of IgAV not commonly cited in the literature.

Reviewer B

The manuscript entitled "Successful rituximab therapy in adult-onset IgA vasculitis with diffuse alveolar hemorrhage and renal failure: a case report" by Michelle Ghebranious. et al. describes a rare condition of a severe manifestation in IgAV. Information on specific management of this condition is rare in the literature and therefor this case report contains relevant information.
The case report is well written summarizes the clinical condition and diagnostic procedures. There are some minor points to consider (see below). The discussion will not suffer from a shortening.

Minor points to consider:

- renal failure should be included to the keywords
    - Added to the keyword section.
- (page 3, line 48) the term leukocytoclastic vasculitis is usually used for skin vasculitis (not for the entire manifestations of IgAV)
    - The term "leukocytoclastic" was removed.
- (page 3, line 51) literature reference would be desirable.
    - References added to Lines 50-51.
- (page 4) please include normal values for all lab parameters
    - Reference parameters have now been included throughout the report.
- (page 5) what was the steroid dosage regimen after methyl prednisone pulse and how long was she treated with steroids?
    - This has now been included in lines 108-113.
- (page 5) did she received a remission maintenance treatment? Could you please discuss this point further on in terms of the given first relaps and further relaps risk?
    - Given the 2 doses of Rituximab, she did not require initial maintenance treatment. She was discharged on a steroid taper with close Rheumatology follow-up although she has been loss to follow-up since her admission. This has been added in paragraph 6 of the case description.
- (page 5) how long is her follow-up?
    - Please see previous comment.

- (page 6) can you please discuss whether there is an option for plasmapheresis in severe IgA.

- Discussed in lines 162-164.

Reviewer C

・The novelty of this case should be specified and emphasized.

- The discussion includes incidence of adult-onset IgA vasculitis and a discussion of the only retrospective review of a large cohort of patients with adult-onset IgA vasculitis finding an incidence of pulmonary findings in less than 3% of cases (lines 130 and 133-135).

・Even if the patient's personal information is taken into consideration, basic clinical information is scarce (age, race, family history, etc.).

- Age and race have been included in Line 58. Family history was unknown.

・The course of renal function (serum creatinine) should be described in detail.

- Please see lines 89-91 for creatinine trend prior to dialysis.
- Please see lines 114-116 for creatinine during and after stopping dialysis.

・There is insufficient pathological evidence to confirm that the current vasculitis is a relapse of IgAV.

- Given the criticality and severity of the patient's presentation, prior biopsy results confirming the presence of IgA vasculitis, and her presenting symptoms (abdominal pain, hematochezia, recurrent skin lesions), immediate treatment was warranted without pathological evidence. Mentioned in Lines 99-103

• A result of anti-GBM antibody should be described.

- The anti-GBM result was negative and was added to lines 81-82.

• A result of Factor XIII should be provided.

- We do not have this information available.

• The rationale for choosing Rituxan over Endoxan or/and plasmapheresis should be explained in more detail.

- Please see lines 149-164.

Reviewer D

The authors reported a case of a successful case of rituximab in a patient with IgA vasculitis with diffuse alveolar hemorrhage. The case report is relatively well written. Further discussions are needed to accept the manuscript.

First, the presence of anti-glomerular basement membrane antibodies should be noted. Please add this point.

- This was negative and has been added to lines 81-82.

Second, in presented case, rituximab was effective to severe IgA vasculitis. Please add a discussion of the mechanism by which rituximab is effective in IgA vasculitis. If possible, I would also like a short discussion of the appropriate dosage of rituximab.

- This is now addressed in Lines 154-158.

Third, plasmapheresis have also been effective in the treatment of IgA vasculitis. Please mention briefly other treatment possibilities.

- This is now addressed in lines 162-164.