

Figure 1. Renal pathological manifestations of biopsy-proven idiopathic membranous nephropathy. (A) IgG4 immunofluorescence in frozen section of renal biopsy. (B) The immunofluorescence of renal tissue PLA2R in paraffin section. Granular immune complex deposition along glomerular capillary wall can be observed in both of (A) and (B). (C) Light microscopy of membranous nephropathy (PASM staining, 400 \times). It displays glomerular basement membrane thickening and spike formation with the silver stain. (D) Electron microscopy of membranous nephropathy (6000 \times). A large amount of electron dense deposits are found in sub-epithelial area. Diffuse spike formation and foot process effacement can be observed.

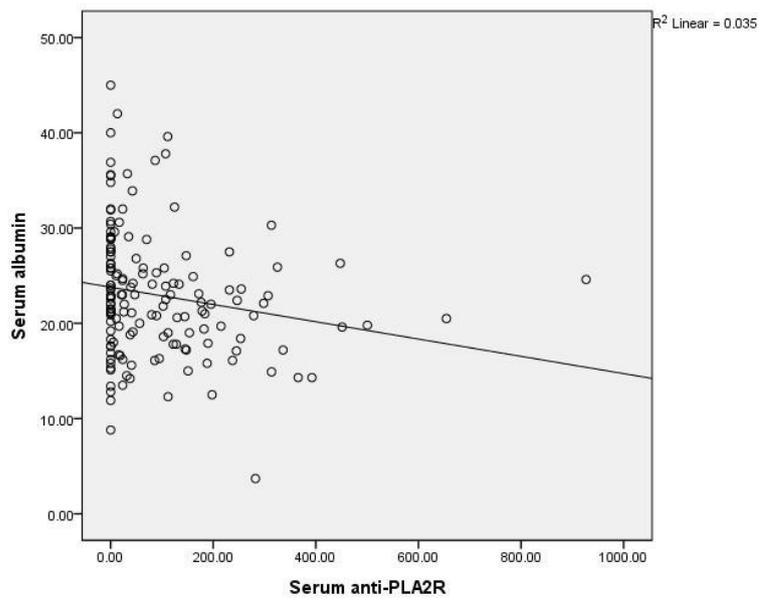


Figure 2. Correlation of serum anti-PLA2R titer and serum albumin. It shows a slightly negative correlation between serum albumin and serum anti-PLA2R titer ($R=-0.19$ $P=0.021$).

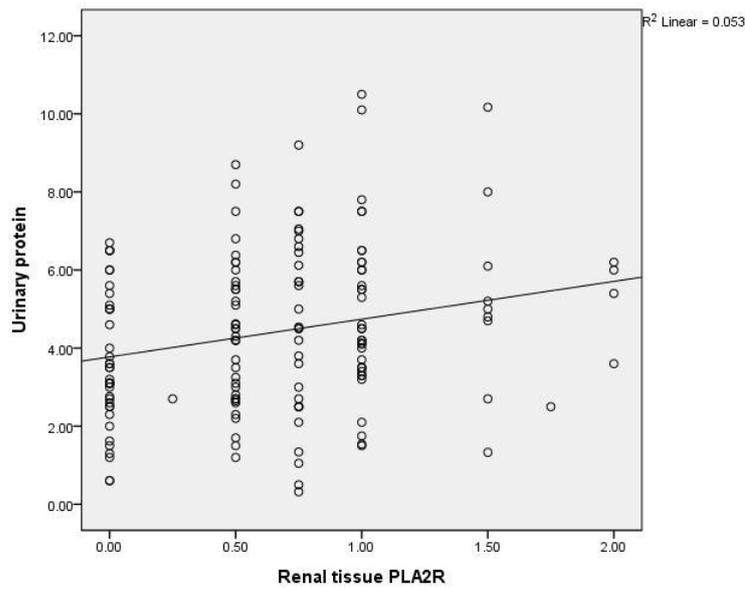


Figure 3. Correlation of renal tissue PLA2R antigen and quantity of proteinuria. It displays a positive correlation between urinary protein and the intensity of PLA2R antigen expression in renal tissue ($R=0.23$, $P=0.004$). Semi-quantity of PLA2R antigen was calculated by the fluorescence intensity on glomerular staining as follows: negative, 0; very weak, 0.5; weak, 1; moderate, 2; strong, 3.

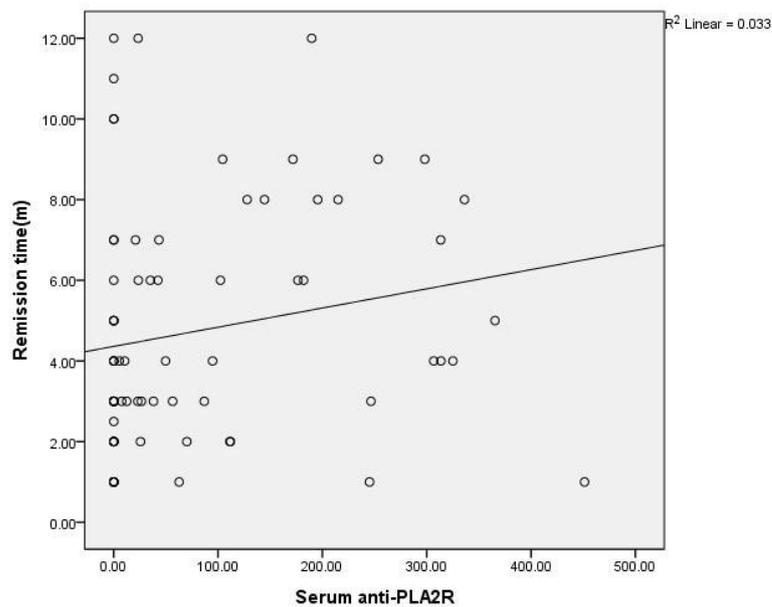


Figure 4. Correlation between time to partial remission and serum anti-PLA2R titer. It exhibits a positive correlation between time to partial remission and serum anti-PLA2R titer ($R=0.25$, $P=0.03$).

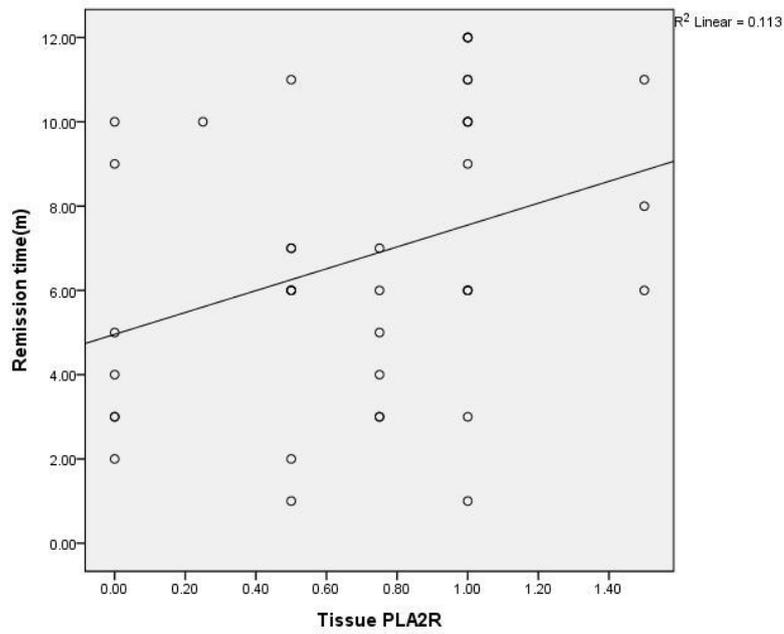


Figure 5. Correlation between time to complete remission and semi-quantity of tissue PLA2R antigen. It shows a positive correlation between time to complete remission and renal tissue PLA2R antigen ($R=0.385$, $P=0.01$). Semi-quantity of PLA2R antigen was calculated by the fluorescence intensity on glomerular staining as follows: negative, 0; very weak, 0.5; weak, 1; moderate, 2; strong, 3.