



PEER-REVIEW REPORT

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Reviewer's code: 02894307

Position: Peer Reviewer

Academic degree: DNB, MBBS

Professional title: Full Professor

Reviewer's Country/Territory: India

Author's Country/Territory: China

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Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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SPECIFIC COMMENTS TO AUTHORS

Abstract “Subsequently, coil embolisation were performed successfully.” For both arteries? Full paper “Finally, a 20-F sheath was positioned, and a holmium laser lithotripter with continuous irrigation was inserted into the sheath. After the completion of PCNL, a 20-F nephrostomy tube was inserted.” Nephrostomy tubes are placed through the sheath. How can the sizes of both be equal? “After about 24 hours, extensive bleeding occurred through the catheter again.” You mean hematuria? Why would there be hematuria with lumbar artery injury? How can you guess that these two lumbar arteries were along the nephrostomy tract? Is there a possibility of injury to these vessels at the time of angiography by forceful contrast injection or by the guidewire? What is the usual gap (distance) between 2 lumbar arteries? How can you explain injury to two by one puncture? I expected a retroperitoneal hematoma rather than hematuria with injury to these 2 vessels. In retrospect, what was the chance that the bleeding would have stopped spontaneously (in view of small size of vessels). What management do you suggest to others if the same problem is encountered again?