

Dear Dr. Ma,

Your comments and those of the reviewers were highly insightful and enabled us to greatly improve the quality of our manuscript. In the following pages are our point-by-point responses to each of the comments of the reviewers as well as your own comments.

Reviewer #1

Comments: The case is interesting and well reported but the review of the literature is incomplete. In the discussion, they explain: Ectopic varices often appear when the usual collateral veins from portal hypertension may have been disrupted by surgical ligation, sclerotherapy, adhesions and other treatments. Kim[7] described a patient who had not undergone prior interventions that altered portal pressure dynamics and had vesical varices with portal hypertension. In addition, Lipsich[13] and Lim[14] each reported a case of ectopic varices in a male patient in the bowel who had a history of bladder substitution with ileal segments due to urinary system disease. But two cases reports of hematuria due to vesical varices are not included: Sivalingam S et al: Endoscopic injection of Hystoacril in the treatment of recurrent hematuria secondary to bladder varices. Int J Case Rep Images 2011; 2 :6-9 Parmar K et al: Portal hypertensive vesiculopathy: a rare cause of hematuria and a unique management strategy. Images in Clinical Urology 2018; 115: e7-8.

Authors' response: Thank you very much for your comments. We have added the two references you recommended.

See page: 7; Line: 9-11 from the bottom. In addition, Sivalingam^[18] and Parmar^[19] introduced a treatment modality in treatment of bleeding vesical varices using endoscopic injection of N-butyl cyanoacrylate and achieved satisfactory results.

Reviewer #2

Comments: Hematuria due to vesical varices is a rare but well-described complication of portal hypertension. These are mostly descriptions of a case reports. The interest of the presented case is related to the difficulties of transurethral cystoscopy, caused by aberrant development and functioning of the genitourinary system, and the impossibility of hemostasis by N-butyl cyanoacrylate glue injection. The authors performed surgical devascularization around the bladder. This approach is possible, but it cannot be considered effective in the long-term observation period. Have the authors considered the possibility of placing a shunt between the inferior mesenteric vein and the internal iliac vein, thereby blocking the return flow in the veins of the bladder?

Authors' response: Thank you very much for your valuable comments. It is feasible to place a shunt between the inferior mesenteric vein and the internal iliac vein to treat vesical varices, which can reduce the return flow in the veins of the bladder. However, this operation is difficult and risky for urologists who are unfamiliar with the operating procedures in an emergency. At that time, the patient's hemoglobin was progressively decreasing and the situation was urgent. This emergency operation was performed to save the patient's life. During the operation, a globular raised tortuous vein was observed at the inner side of the right ureteral opening with a 4-mm rupture at the top. The procedure of surgical devascularization was simple, technically straightforward and effective. For reason of safety and hemostatic effect, surgical devascularization around the bladder was performed.

Reviewer #3

Comments: Congratulations on your work. The description of this rare clinical case is interesting and well documented with the images

Authors' response: Thank you very much for your valuable comment.

References and typesetting were corrected.

Thank you again for publishing our manuscript in the *World Journal of Clinical Cases*.

Sincerely yours,

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