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## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Clinical Urology*

**Manuscript NO:** 90392

**Title:** Conservative management of an early abdominal complication during a Tullio Percutaneous Endoscopic Excision of Renal Pelvis Urothelial Carcinoma: Case report.

**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 07906186

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

**Reviewer's Country/Territory:** Netherlands

**Author's Country/Territory:** Italy

**Manuscript submission date:** 2023-12-02

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-12-06 10:18

**Reviewer performed review:** 2023-12-14 09:30

**Review time:** 7 Days and 23 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<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
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

First, I would like to comment the author for the well-written case report presented. This case report covers a case report regarding a rare complication after a Percutaneous laser ablation in a patient with UTUC. Since UTUC is a rare disease, it is important to share our knowledge with other scientists and health care professionals. For this case report I have some Minor revisions I would like to share: - Since this case report is about the complication after treatment for UTUC. I would like to suggest to emphasis the complication in the manuscript. Please specify the thought base of the conservative treatment option more in your discussion section - I would like to suggest some small language improvements to improve the readability, especially in the discussion section. Furthermore, I would like to do some suggestions to use as reference: - Hendriks, Nora et al. "Survival and Long-term Effects of Kidney-sparing Surgery Versus Radical Nephroureterectomy on Kidney Function in Patients with Upper Urinary Tract Urothelial Carcinoma." European urology open science vol. 40 104-111. 2 May. 2022, doi:10.1016/j.euros.2022.04.007 --> Comparison of KSS vs RNU - Figaroa, Orlane J A et al. "Longer is Better for Endoscopic Follow-up of Upper Tract Urothelial Carcinoma After

Ureteroscopic Treatment: An Evaluation Spanning 10 Years of Data." European urology oncology, S2588-9311(23)00281-X. 5 Dec. 2023, doi:10.1016/j.euo.2023.11.017: Importance of follow-up after Kidney sparing surgery