Answer to reviwer

1. Reviewer Name: Devang J Desai
   Review Date: 2020-06-22 01:24
   Specific Comments To Authors: Thank you for the submission. The authors need to provide the following 1. preoperative urine cytology 2. histological slide for the squamous metaplasia 3. what is the incidence of progression and risk of malignancy in squamous metaplasia with references to justify the surgery 4. was the rest of the bladder normal ? were random biopsies taken ?
   Scientific Quality: Grade C (Good)
   Language Quality: Grade B (Minor language polishing)
   Conclusion: Minor revision

   #Answering:
   About preoperative cytology: The urine preoperative cytology was negative.

   About histological slide for the squamous metaplasia:

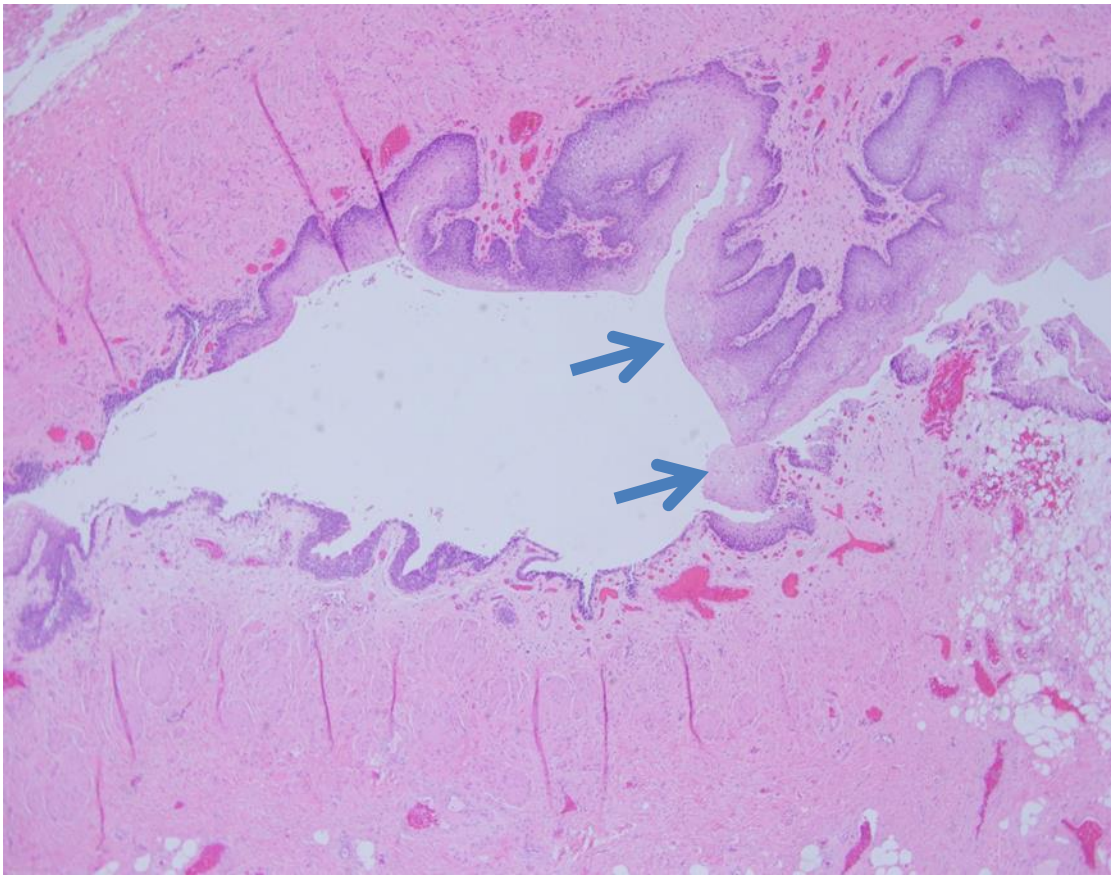

   Fig 1. Under H&E stain (40X), the squamous metaplasia is labeled by

arrow.

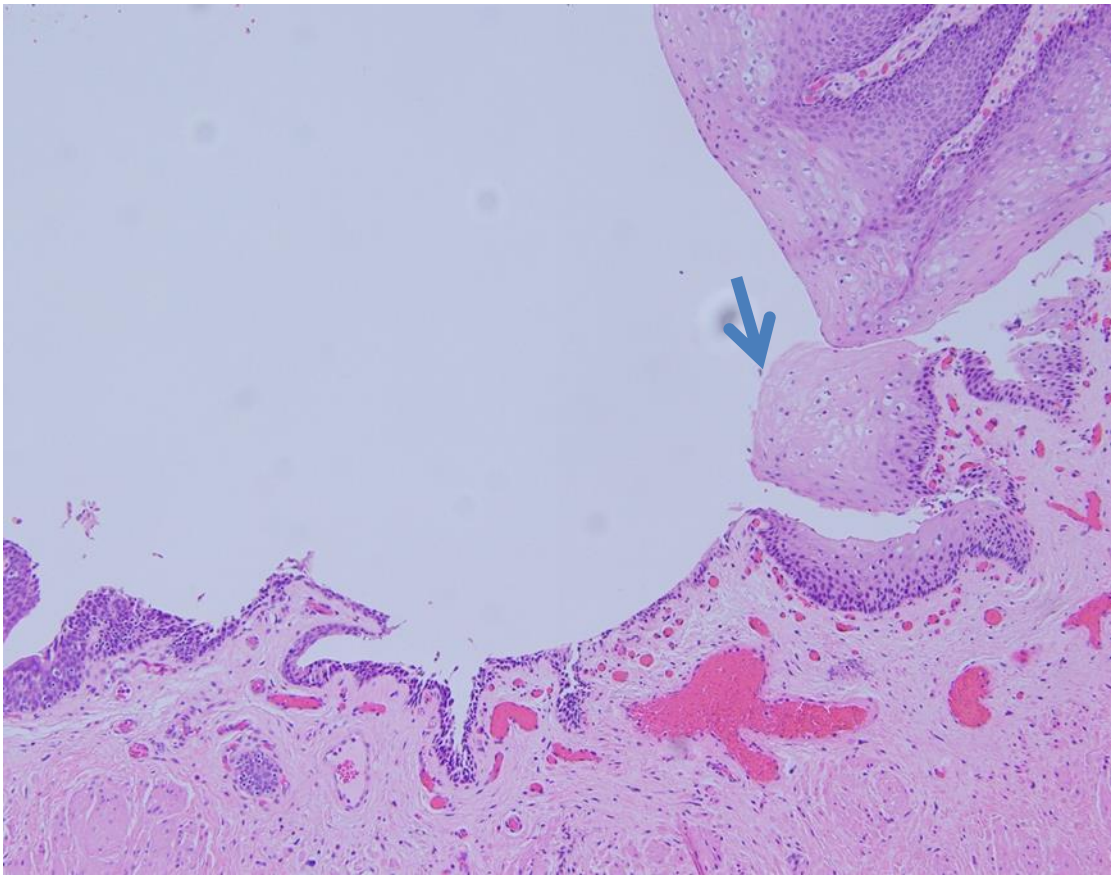

Fig 2. With magnitude of 100X, the squamous metaplasia is clearly seen.

About the incidence of progression and risk of malignancy in squamous metaplasia with references to justify the surgery: Pathologically, the tissue metaplasia is caused by chronic inflammation. Currently, we still lack of enough evidence to judge the actual percentage of malignant rate from squamous metaplasia from published literature. Based on the longest scale retrospective follow-up on this topic (**Khan MS**, Thornhill JA, Gaffney E, Loftus B, Butler MR. Keratinising squamous metaplasia of the bladder: natural history and rationalization of management based on review of 54 years experience. Eur Urol. 2002 Nov;42(5):469-74.), this case belongs to limited type of metaplasia, involving less than 50% of mucosal surface. In this type, according to their follow-up, two out of sixteen (12.5%) would turned into carcinoma, and both of them were with non-surgical treatment in the first place. Moreover, extensive or limited involvement would significantly make malignant rate different. In this case, we need to emphasize on another important clinical clue, which is

recurrent urinary tract infection for one year with a frequency of once every month. This is one of indication of surgery itself, especially on male, and has risk making limited metaplasia turn into extensive one. The existence of this past history makes surgical intervention on this patient more reasonable.

About the rest of the bladder and random biopsies: The rest of the bladder was examined with no visible tumor or inflammatory patches when performing cystoscopy. According to European Urology Association guideline in 2018 at that time, random biopsies were suggested in patients with positive cytology but negative cystoscopy findings, and our case had negative cytology before performing cystoscopy, which was not indicated to random biopsies. Of course, we had offered this choice after having metaplasia in pathology, but he refused it and wanted to take surgery directly and with laboratory follow-ups for this concern. Thus, after operation, we performed urine cytology periodically and all showed negative, which was still not indicated to random biopsies on guideline. Under these reasons, we did not perform random biopsies throughout his clinical courses.

2. Reviewer Name: Anonymous
Review Date: 2020-06-19 19:56
Specific Comments To Authors: The proposed case report manuscript by Yang et al. presents a rare case and a year and a half follow up of a 27-years old man with Hutch diverticulum who underwent a robotic-assisted diverticulectomy with reconstruction. Based on the presented case, the authors concluded that robotic-assisted diverticulectomy and reconstruction to Hutch diverticulum can be considered as a safe and efficient method that provides advantages to the conventional laparoscopy. In my opinion as a peer reviewer of this manuscript, the present report presents an interesting and rare case with educational value for the scientific community. I do not have any comments for improvements for this manuscript. No significant language editing of the text is needed.
Scientific Quality: Grade C (Good)
Language Quality: Grade B (Minor language polishing)
Conclusion: Accept (General priority)

3. Reviewer Name: Anonymous
   Review Date: 2020-06-19 09:28
   Specific Comments To Authors: No further comments.
   Scientific Quality: Grade D (Fair)
   Language Quality: Grade B (Minor language polishing)
   Conclusion: Minor revision