

September 6, 2021

Editor-in-Chief
World Journal of Clinical Cases

Re: Revised version of manuscript No. 67797

Dear Editor:

Please find enclosed our revised paper entitled " Bilateral hematoma after tubeless percutaneous nephrolithotomy for unilateral horseshoe kidney stones: a rare case report " (No. 67797). We have revised the manuscript based on the reviewers' comments and suggestions with all changes underlined. We thank you, the editor and reviewers for your constructive comments, and hope that our substantial revisions have resulted in a manuscript that is now satisfactory for publication in *World Journal of Clinical Cases*.

The following are point-by-point replies to the editor's and reviewers' concerns regarding our submitted paper revision. The reviewers' comments are colored in blue; our responses are colored in black, and changes made to the manuscript are colored in red.

Reviewer #1:

It will be good to show coronal CT slide displaying the lower pole fusion and location of the stone in the pelvis.

Response: We are deeply thankful to the reviewer's comment, hoping that our re-revision manuscript could meet the requirements of our conditional acceptance.



Fig. 2, Coronal CT slide displayed the lower pole fusion of horseshoe kidney.

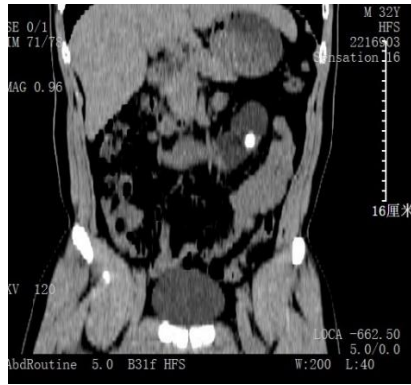


Fig. 3 Coronal CT slide displayed the lower pole fusion and location of the stone in the pelvis



Fig. 5 CT reveals subcapsular and perirenal hematoma in both kidneys

Reviewer #2:

Failure of the flexible ureteroscopy was attributed to ureteric stenosis. However, studies have shown that horseshoe kidney is associated with a significant rate of ureteropelvic obstruction. Please comment.

Response:

The reviewer's comment is valuable. Failure of the flexible ureteroscopy was attributed to ureteric stenosis. However, studies have shown that horseshoe kidney is associated with a significant rate of ureteropelvic obstruction. At this time, especially for the horseshoe kidney, the double-J stent should be placed 2-4 weeks in advance to facilitate the passage of the endoscope and the outflow of irrigation while the stones are being crushed.

3. The authors postulated that earlier removal of the urethral catheter could have contributed to the intra renal pressure causing bleeding. However, the authors did not mention vesicoureteric reflux on imaging or lower obstructive uropathy. Please clarify.

Response:

We are deeply thankful to the reviewer for raising this important point. The urethral catheter was removed on the third day after lithotripsy, we postulated that the hypertension caused by the bladder fullness may lead to vesicoureteric reflux, which may also be the probable cause for elevation of the bilateral intrarenal pressure. And increased bilateral intrarenal pressure may aggravate subcapsular hemorrhage. Therefore, we believe that the time of postoperative catheterization in such special cases can be appropriately prolonged.

Sincerely,

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