

Dear editors and reviewers:

Re: Manuscript reference No. 69441

Please find attached a revised version of our manuscript "Ureterolumbar Artery Fistula: A Case Report and literature review", which we would like to resubmit for publication as a Case report in World Journal of Clinical Cases.

Your comments were highly insightful and enabled us to greatly improve the quality of our manuscript. We have revised the text based on your suggestions.

In the following pages are our point-by-point responses to your comments.

1. When was the patient diagnosed and treated for UAF?

response: Based on the findings of the examination and imaging, a diagnosis of ureterolumbar artery fistula (ULAF) was made on 27 November 2019. She underwent angioembolization procedure on 27 November 2019 after the diagnosis was confirmed.

2. What has been the regimen of radiotherapy?

response: The patient received radiation therapy after radical hysterectomy for cervical cancer in 2008 with a radiation regimen of 80Gy/25F/5W.

3. How often had the ureteral stents been changed?

response: Patients undergo ureteral stent replacement every 3 months.

4. Why was there a change to metallic double-Js?

response: We considered that the patient's ureteral obstruction was due to retroperitoneal fibrosis (RPF). Resonance metal ureteral double-J tube is resistant to external compression secondary to RPF and also is resistant to occlusion. These properties allow longer dwelling time and less frequent stent exchanges.

5. Were there any simultaneous other diseases? Did the patient take any

medication?

response: The patient had a history of hypertension for 12 years and had been taking irbesartan hydrochlorothiazide tablets for a long time.

6. Was the procedure performed in a single intervention or were multiple interventions necessary?

response: After the diagnosis is confirmed, one surgical intervention is sufficient.

7. Do the authors have suggestions about how to improve the accuracy of arteriography and CT?

response: In order to improve the accuracy of DSA in the diagnosis of UAF, we believe that the microcatheter is superselected to smaller suspicious arterial collaterals in angiography, rather than limited to the main arterial trunk.

We hope that the revisions in the manuscript and our accompanying responses will be sufficient to make our manuscript suitable for publication in World Journal of Clinical Cases.

We shall look forward to hearing from you at your earliest convenience.

Yours sincerely,

JiaJian Chen.