

Round 1

Reviewer #1:

Scientific Quality: Grade D (Fair)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors: dear authors: Renal pseudoaneurysm after rigid ureteroscopic lithotripsy, could be an interesting case to report, as you alluded in this article. It is worth noting that, the discussion section is rich and well arranged. However, before it becomes publishable, it still requires some improvement. Here are my comments:

1. Title is one of the most impressive part of any articles, thus You can dedicate a more attractive title for your manuscript.
→ I think the rigid ureteroscopy is never been reported for developing renal pseudoaneurysm as complication.
2. The background section has been written simply. It is incomplete and does not cover all of your research ingredients, and also, the importance of your article is not prominent enough. In this section, you must create an explicit view of why you are directed to write this topic.
→ I had revised with adding on the utilities of ureteroscopy. the incidence of transient/persistent hematuria after the operation as background knowledges.
3. You have claimed, that this is the first case report about renal pseudoaneurysm after URSL, but there is a report which has addressed beneath: □Jubber I, Patel PR, Hori S, Al-Hayek S. Renal pseudoaneurysm: a rare and potentially fatal complication following ureteroscopy and laser fragmentation of stones. The Annals of The Royal College of Surgeons of England. 2018 Mar;100(3):e51-2. Case history section, L5 «Rigid and flexible ureteroscopy and laser fragmentation of the stones using an access sheath were performed »
→ I had reviewed this paper. They combined rigid and flexible ureteroscopy for the management of “renal stone”. But we performed rigid ureteroscopy for ureteral stone only. As a consequence, I think, to our knowledge, it was still the first case.
4. Keywords should represent key concepts and should reflect a collective understanding of the topic. For determining the correct and most appropriate keywords, you can use Medical Subject Headings (MeSH) or Google Keyword Planner.

→ I had modified all keywords into MeSH term.

5. sentences in the introduction section have been left without references, also the constructs and concepts in the introduction section are poor-organized and incomplete. Include more general and specific background in this section.

→ This section had been revised.

6. For the Laboratory examinations, it is more suitable to design a table.

→ Table 1 was created and the detailed laboratory data was showed.

7. Most bibliographic citations which been used are more than 5 years old and obsolete.

→ I had involved most cases I could searched on Pubmed and ClinicalKey. Since renal pseudoaneurysm after lithotripsy is rare, most of the complications were reported far from now.

8. There are a lot of punctuation errors, in the entire of the manuscript.

→ This manuscript was revised again by an English editing company.

9. The manuscript must be revised, in regarding spelling, grammar and syntax. This is an example of incorrect grammar «Urothelial mucosal damage or cavitation bubbles was suspected»

→ This section had been revised.

Reviewer #2:

Scientific Quality: Grade C (Good)

Language Quality: Grade A (Priority publishing)

Conclusion: Minor revision

Specific Comments to Authors:

1. Whether the patient has a history of trauma should be noted. Is extracorporeal shock wave lithotripsy an iatrogenic injury? Is the possibility of causing a renal pseudoaneurysm.

→ I had revised it. The patient had no relevant trauma history. Literature for renal pseudoaneurysm developing after ESWL was done. There were some associated case reports. One case developed iliac artery pseudoaneurysm and Lang et al. Reported the case developing renal pseudoaneurysm directly owing to ESWL.

2. Renal function indicators should be supplemented. And the patient's smoking and drinking habits.

→ I had revised it. The patient had no smoking and drinking habits. His renal function was shown in Table 1.

3. Whether the patient has taken oral anticoagulants should be indicated. Is there any correlation between the abnormality of APTT and the formation of renal pseudoaneurysm? The mechanism of repair after artery injury can be discussed.

→ I had revised. However, I could not find any relationship between APTT prolongation and pseudoaneurysm formation. I explained the APTT abnormality must be due to massive bleeding and transfusion.

4. Page 9 "According to our literature review, Multiple aneurysms within one kidney are less common than in solitary renal lesions." Please supplement literature as references.

→ I had revised it as the following: "In a single center's experience, Henke et al. reviewed 168 patients with renal pseudoaneurysms and found solitary renal pseudoaneurysm is more common than bilateral pseudoaneurysm, followed by multiple lesions in one kidney^[6]."

5. References should be marked above text.

→ I had revised it.

Round 2

1. We are very pleased to receive your revised manuscript (No. 77857). However, after our verification, we found that the language editing company mentioned in your submitted language certificate only polished the initial manuscript. Following the many changes that were introduced into the content of your manuscript during the revision process, some language problems exist in the revised manuscript. Further language polishing is required to fix all grammatical, syntactical, formatting and other related errors, in order to meet the publication requirement (Grade A). Now, you are requested to send the revised manuscript to a professional English language editing company or a native English-speaking expert to polish the language further. When you submit the subsequent polished manuscript to us, you must provide a new language certificate along with it. Once this step is completed, your manuscript will be quickly accepted and published online. Please visit the following website for the professional English language editing companies we

recommend: <https://www.wjgnet.com/bpg/gerinfo/240>.

→ I had asked a language editing company: **Enago** for manuscript revision. Enago was a one of recommended companies in the list. The language editing certificate was accompanied with naming: "77857-Language certificate".

2. Please further revise the manuscript according to the re-review comments: Dear authors: Most of the comments have been responded, and the majority of revises have been accomplished appropriately. However, before it becomes publishable, it still requires some revisions.

Here are my comments:

1. The background of the study provides context to the information that you are discussing in your paper generally, and it is kind of overall view of your manuscript. The background should be written as a summary of your interpretation of previous research and what your study proposes to accomplish. There is no need to be specified on detailed description. Also note the importance of your study clearly. (the background was short and simple before, and now some sentences are not suitable in background section, and are confusing)

→ I agreed with the reviewer's suggestion. I had shifted some contents from background to introduction. The definition and some statistics

numbers are suitable to be shown in the introduction section. Otherwise, in the background section, we briefly introduced that the rigid ureteroscopies were more frequent used than flexible ureteroscopies due to the regionality. Even though the rigid ureteroscopies were widely used, there were still rare to develop renal pseudoaneurysms. Readers can realize that developing persistent hematuria after URSL is infrequent and the differential diagnosis can be renal pseudoaneurysm in **background** section.

2. Some part of the revised background can be alluded in the introduction section, in addition this part does not require to be referenced.

→ Both detail statistics number and references were deleted and shifted to introduction section.

3. Still, sentences in the introduction section have left without references as it was before, also the constructs and concepts in the introduction section are poor-organized and incomplete again. Like I have implied before, include more general and specific information in this section.

→ The contents of introduction section were amplified and referenced.

4. You can still dedicate the newest possible bibliography to the manuscript, specially in introduction section. Your revision regarding this section was pleasant, but still you can even compare your study with the newest relevant researches. Strive more again to update the bibliography as much as you can.

→ I had added on two references about the well acceptable mechanism of developing renal pseudoaneurysm with reference 3& 4.

3. Please add PubMed citation numbers (PMID NOT PMCID) and DOI citation to the reference list and list all authors. Please revise throughout. The author should provide the first page of the paper without PMID and DOI. PMID (<http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=PubMed>) (Please begin with PMID:) DOI (<http://www.crossref.org/SimpleTextQuery/>) (Please begin with DOI: 10.**)

→ I had revised the 17 reference as the editors suggestion.

4. Please complete all the revisions based on the version of "1318-77857_Auto_Edited-v1", and upload above mentioned files in a ".zip" file.
→ I had revised it.