

Response to Reviewer's Comments

Reviewer(s)' Comments to Author:

1. please fix the grammar writing.

Reply:

Thank you for your comments. I have reviewed and corrected all grammar errors and rephrased the sentences for smoother readability.

2. because the title given is more towards urinary tuberculosis, please highlight that clinical feature more.

Reply:

Thank you for your comments. I have added all possible clinical elements related to urinary tuberculosis for this patient in the article.

3. It was a well-written case report with a suitable clinical lab data and imaging. I suggest accepting the case report.

Reply:

Thank you for your comments. It is my privilege, and I will continue to strive on the path of academic writing.

Response to Reviewer's Comments

Dear Jerzy Tadeusz Chudek,

Thank you for giving us the opportunity to submit a revised draft of our manuscript titled "Coexistence of urinary tuberculosis and urothelial carcinoma: A case report and literature review" to *World Journal of Clinical Cases*. We appreciate the time and effort that you and the reviewers have dedicated to providing your valuable feedback on our manuscript. We are grateful to the reviewers for their insightful comments on the paper. We have addressed all the comments and suggestions provided by the reviewers herein.

Here is a point-by-point response to the reviewers' comments and concerns.

Reviewer(s)' Comments to Author:

4. Introduction: the claims that long term inflammation leads to cancer requires reference.

Reply:

Thank you for your comment. A relevant reference (as reference #1) has been provided.

5. Case presentation- it should be "were" and not "was" in the first sentence of "History of present illness"

Reply:

We have resolved this grammatical inaccuracy accordingly.

6. Cigarette exposure is usually measured in pack-years.

Reply:

We have modified the related text description accordingly.

7. The patient underwent percutaneous nephrostomy insertion into a non-functioning kidney inflicted by both cancer and TB. It is not clear why retrograde uretrogrphy and evaluation of kidney function was not done earlier. This severe mismanagement should be acknowledged and explained in the discussion.

Reply:

Thank you for your comment. Because the patient had a persisting fever at that time, the pathogen responsible for the infection could not be determined. Since the right kidney was suspected to be the location of the infection, to avoid possible

deterioration to sepsis, the clinical team decided to use percutaneous nephrostomy decompression and drainage first, instead of arranging a renal scan or retrograde urethrography and other examinations.

8. In the “discussion”-the incidence of TB, probably these are cases per year.

Reply:

The related text has been modified to reflect this accurate observation.

9. The discussion section would be redundant. Please concise it.

Reply:

Thank you for your comment. We apologize for the redundant text, which we have now modified in line with your suggestion.

10. It seems not to be something new point except rarity.

Reply:

We apologize. To address this issue, we have modified the related text to better showcase the originality of our case report.

11. Holium -> Holmium

Reply:

The spelling of this word has been corrected.