

Dear Editors and Reviewers:

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "Clinical Characteristics of Testicular Torsion and Factors Influencing Testicular Salvage in Children: A 12-year Study in a Tertiary Center". These comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our researches. We have studied comments carefully and have made correction which we hope meet with approval.

Responds to the reviewer's comments:

Reviewer #1: Thank you for your comments, we have polished the manuscript's language and performed a spell check.

Reviewer #2:

1. Is this a prospective / retrospective study?

This research is a retrospective study. In our manuscript, some statements were not sufficiently precise and have been revised.

2. The basis for exclusion criteria (< 1 yr, previous scrotal surgery) can be explained

Patients younger than 1 years old are often transferred to nearby maternal and child health-care hospitals for treatment. As a result, our center lacks data on infants younger than one year old. Additionally, patients with a history of scrotal testicular surgery may have previously experienced testicular torsion. Our study primarily focuses on patients experiencing testicular torsion for the first time or patients having experienced TT but not received surgery, hence, patients with such a history were not included in the study.

3. What is Oscheocele?

Oscheocele means swelling of the scrotum. We have already revised the English expression for scrotal swelling as "scrotal swelling".

4. What was the median time of presentation between the 2 groups?

Time from the event to the hospitalization (min), median (range) was the median time of presentation between the 2 groups in Table 1, and there was no statistical difference in the median time of presentation between the TT group and the TS group.

5. What were the preop imaging findings in comparison to the 2 groups?

Preoperative ultrasonographic images of patients with testicular torsion are provided in the supplementary figures. Intriguingly, during surgical intervention, we assess testicular blood flow restoration post-detorsion via a needle aspiration test. Notwithstanding the absence of blood flow indicated by preoperative sonographic findings in certain cases, patients with shorter torsion durations may still exhibit satisfactory reperfusion upon detorsion. Hence, preoperative ultrasonographic image is not a definitive criterion for orchiectomy. The surgical team carefully deliberates testicular salvage by incorporating preoperative imaging, outcomes of intraoperative needle aspiration tests, and other relevant considerations into their decision-making process.

6. What was the post op follow up in terms of testicular size / echogenicity?

We are very sorry that due to the high mobility of the population in our region, it is difficult for us to continuously track the current testicular size and blood flow recovery of all patients over a longer period of time or after the children grow up. Therefore, we plan to intensify the follow-up of patients in the future to understand whether the testicles will atrophy after the children grow up.

7. What were the study limitations?

This study has several limitations. First, it is a retrospective study, which is subject to selection bias. Secondly, the study is single-centered with a limited number of cases included. In the future, larger-scale multicenter studies will be needed to identify factors that influence the outcomes of testicular torsion.

8. The conclusion, "Time to presentation is the most important factor for predicting outcomes." is not backed by data from the study

We apologize for the error made in writing the conclusion; the relevant mistakes have now been corrected as "The initial presenting institution has a predictive value for predicting outcomes in children with acute testicular torsion."

We greatly appreciate the reviewer's comments. All text modifications have been marked in blue for the convenience of the reviewers and the editors. Thank you for your attention and time. Look forward to your reply.

Yours sincerely,

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