

## ESPS PEER REVIEW REPORT

**Name of journal:** World Journal of Nephrology

**ESPS manuscript NO:** 11982

**Title:** Ureteroscopy and stones: Current status

**Reviewer code:** 01704618

**Science editor:** Ling-Ling Wen

**Date sent for review:** 2014-06-21 01:22

**Date reviewed:** 2014-07-03 20:58

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input checked="" type="checkbox"/> [ Y] Grade A: Excellent	<input checked="" type="checkbox"/> [ Y] Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> [ Y] Accept
<input type="checkbox"/> [ ] Grade B: Very good	<input type="checkbox"/> [ ] Grade B: Minor language polishing	<input type="checkbox"/> [ ] Existing	<input type="checkbox"/> [ ] High priority for publication
<input type="checkbox"/> [ ] Grade C: Good	<input type="checkbox"/> [ ] Grade C: A great deal of language polishing	<input type="checkbox"/> [ ] No records	<input type="checkbox"/> [ ] Rejection
<input type="checkbox"/> [ ] Grade D: Fair	<input type="checkbox"/> [ ] Grade D: Rejected	<input type="checkbox"/> [ ] Existing	<input type="checkbox"/> [ ] Minor revision
<input type="checkbox"/> [ ] Grade E: Poor		<input type="checkbox"/> [ ] No records	<input type="checkbox"/> [ ] Major revision

### COMMENTS TO AUTHORS

A very well written review of current status of "state of art" interventions in kidney stoned disease. I only recommend authors include one table and include the advantages and disadvantages of all biological procedures they are adding to in the manuscript. An evidence of all the studies performed with SWL, adding a seperate table will add to the value of the paper. In conclusion, the manuscript is well written and is well for any clinician toned. A few additions as above is to improve the quality of the paper.

## ESPS PEER REVIEW REPORT

**Name of journal:** World Journal of Nephrology

**ESPS manuscript NO:** 11982

**Title:** Ureteroscopy and stones: Current status

**Reviewer code:** 02887639

**Science editor:** Ling-Ling Wen

**Date sent for review:** 2014-06-21 01:22

**Date reviewed:** 2014-07-08 19:57

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Existing	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No records	<input checked="" type="checkbox"/> Major revision

### COMMENTS TO AUTHORS

Dear authors, This is an interesting manuscript which contains history of URS. There is a need of some revisions in the manuscript

1. The manuscript has an interesting subject about the advancement in ureteroscopic instruments and techniques.
2. There are some mistakes in grammar of the manuscript. Some words are written adjacent. These words were painted red and underlined.
3. The title should contain not only "current status" also future expectations.
4. The abstract gives a clear delineation of the research. The authors can change the key words according to the large spectrum of manuscript. (for example; ureteroscopy, techniques, ureteral stones, treatment, advances.....)
5. The authors explained technological advances in ureteroscopy in part 3. But more discussion is needed. The authors mentioned first URS in 1912 and then modern ureteroscope in 1980. But what about between 1912-1980? Are there any other advances in technology between this period? What about of pneumatic lithotripsy before laser? Are there any differences in success and complications of these methods?
6. In surgical management of stone disease; the authors can give more information about URS approaches to the stones with different localizations. URS first began to be used for lower ureteral stones and partly for mid ureteral stones, and then for proximal stones. The location of stone is important for the success and complication of procedure.
7. Although URS is a minimally invasive procedure, it has major complications such as avulsion or stricture. The authors should discuss the complications more detailed.
8. References should be reviewed by authors and if there were some references from a possible "reference of references", these should be corrected.