

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Radiology

ESPS manuscript NO: 21194

Title: MRI in assessment of stress urinary incontinence in women: Parameters differentiating urethral hypermobility and intrinsic sphincter deficiency

Reviewer's code: 00505614

Reviewer's country: Chile

Science editor: Fang-Fang Ji

Date sent for review: 2015-07-05 14:24

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

WJR Manuscript N° 21194 MRI IN ASSESSMENT OF STRESS URINARY INCONTINENCE IN WOMEN: CORRELATION BETWEEN URODYNAMIC STATUS AND IMAGING. General Comments: This is a really interesting article which I recommend to publish after mayor revision. Title: It must reflect the purpose of the study, that is "to define the MRI parameters differentiating urethral hypermobility (UH) and intrinsic sphincter defects (or deficiency, ISD)". Text: Introduction: 1° paragraph: I recommend you to use de ICS definition of stress urinary incontinence (SUI). 3° paragraph: Videourodinamics usually does not include urethral pressure measurement. Urethral pressure profilometry (which allows to measure maximum urethral closure pressure, MUCP) may be combined with videourodynamics. Subjects and methods: This is a prospective study where the MRI scans were reviewed 1 year post-imaging date. Wasn't it a retrospective study where prospectively obtained data was analyzed? It is necessary to know how patients with SUI were recruited because ISD is much less uncommon than UH and you finish with the same number of patients in each group. MRI Imaging Interpretation: 1° paragraph: I found some confusion in the text:



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Did you measure “urethral length” or “urethral sphincter length”? 2° paragraph I understood that the definition of UH considered the Q-tip test angle, so why do you describe UH using MRI? Urodynamics exam: 1° paragraph: Micro-tip catheter transducers are not the ICS standard due to up to 10 cm H₂O differences in intravesical pressure measurement depending of the position of the catheter tip in the bladder (Gammie A. Neurourol Urodyn 2014; 33: 370), although the presence of a distal sensor to measure MUCP might reduce this problem, due to a relatively “fixed” position of the catheter . This must be commented. I understood that catheters were zeroed to the atmosphere. Please clarify. How was the abdominal leak point pressure obtained (ALPP): only using Valsalva maneuver (VLPP) or did you also used cough? Results: 2° paragraph: I want to know why you don't comment on the statistical differences of “puborectalis muscle length”. Table 3 is not cited in text. If you are predicting the diagnosis of UH: Did you use the variable “absence of bladder neck funneling”? Please clarify. Discussion: 3° paragraph: To comment Q-tip test angles, you have to put the results in Table 1. Again: Did you measure “urethral length” or “urethral sphincter length”? 7° paragraph: To be discussed, the cut points used for “urethral length” (or “urethral sphincter length”) and “suprapubic urethral length” must be described previously in Results. Tables and Figures: Table 1: Some data are missing: 1) p-values of “funneling” and “normal vaginal shape”; 2) Q-tip test angles. I would suggest to divide the column of “incontinent patients” into 2 columns: UH and ISD or to make a new Table to show the differences between UH and ISD. Table 2: Again: “Suprapubic urethral length” is a continuous variable: What was the cut point used for the diagnosis of UH? This must be described in results. Table 3: Not cited in text. Figure 2. B: Please mark the pubis (P). Figure 3 and 4: Please add Pearson correlation and p value. Figure 7: Again: The cut points should be described in text and in the legend for the figure.



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Name of journal: World Journal of Radiology

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
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		<input type="checkbox"/> The same title	
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		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

The author performed an interesting pilot study aimed at the identification of MRI parameters differentiating urethral hypermobility and intrinsic sphincter deficiency in women with stress urinary incontinence. Overall the manuscript contains new and significant information, the clinical problem is significant and concisely stated, the experimental methods are described comprehensively, the interpretations and conclusions are justified by the results. The abstract is sufficiently concise and comprehensive.