

## ESPS PEER REVIEW REPORT

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

**ESPS manuscript NO:** 12179

**Title:** Appropriate stone size for ureteroscopic lithotripsy: When to switch to a percutaneous approach

**Reviewer code:** 00505679

**Science editor:** Yue-Li Tian

**Date sent for review:** 2014-06-26 15:48

**Date reviewed:** 2014-08-26 19:32

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" 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	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

1 The title does not seem appropriate that it should be included "kidney stone size". 2 The reference 2 is obsolete, an 2014 update of the EAU guidelines of lithiasis. 3 The Grasso et al 1998 scientific paper is outdated and done with now outdated technology so it does not seem appropriate to include it in an update on lithotripsy. 4 There is now a consensus on guidelines for naming RIRS (retrograde intrarenal surgery) to flexible URS and thus avoid confusion. It would help to change this term throughout this manuscript or alternatively add flexible URS. 5 Some sentences of the manuscript need a corresponding reference, because otherwise seem personal opinions of the authors without scientific basis. "A long operation Apparently Also Increases complication rates." 6 It should be more cautious in the statement "Therefore, in our review, the percutaneous approach ..... should be considered ..than 40 mm". The baseline study has only 6 patients in this group. 7 Define which is a mini-Perc, if 13 Fr or 18 Fr, or is a NPC <18Fr. 8 The reference 24 is obsolete. 9 "SWL has-been accepted as the first-line treatment for small (<10mm) to intermediate (<20mm) upper urinary tract stones." In the 2014 guidelines of the EAU, and is placed at the same level (<10mm) to SWL and RIRS and (10-20mm), the SWL and endourological approach. 10 "However, multiple stones ... patient's discomfort: sometimes" needs a reference. 11 "Third, URS can Easily access bilateral stones in a single session" needs a reference. 12 It would be more useful to readers instead of describing the scientific paper of other authors performed a table with the results (Breda,



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Herrera-Gonzalez) was included. 13 Reference should be made not only to the size of the stone but "resistant stones (calcium oxalate monohydrate or brushite cystine). 14 The findings are too daring especially considering the limited scientific literature that supports. European guidelines do not recommend the use of Flexible URS at first-line treatment for stones > 1.5 cm in the renal pelvis. 15. Renal calculi in lower pole is a different entity, because although the availability of new equipment for easy handling, SFR rates are lower. 16 In complex cases stones, open or laparoscopic approaches are possible alternatives. Unfortunately, everything is not possible to solve it by endourological approach effectively and efficiently.

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

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**Title:** Appropriate stone size for ureteroscopic lithotripsy: When to switch to a percutaneous approach

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input checked="" 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"/> 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	BPG Search:	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

The paper is a non systematic review of the treatment of kidney stone. It is well written, clear and concise. Authors conclude suggesting a flow chart. I would only add two more issues to the discussion: 1) indication to treatment of asymptomatic stone 2) retroperitoneoscopic/laparoscopic removal of large kidney stone; it has been shown to be a safe and effective, one staged, procedure for large stone (see for example: a) Li S. Randomized controlled trial comparing retroperitoneal laparoscopic pyelolithotomy versus percutaneous nephrolithotomy for the treatment of large renal pelvic calculi: a pilot study. J Endourol. 2014 Aug;28(8):946-50 or b) Wang X. Laparoscopic pyelolithotomy compared to percutaneous nephrolithotomy as surgical management for large renal pelvic calculi: a meta-analysis. J Urol. 2013 Sep;190(3):888-93)