

77272-Answering Reviewers

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors: The title of the article is “Extended Boari flap technique for management of complete ureteral avulsion: a case report with long-term results”. The authors report our experience of managing a complete ureteral avulsion case with long-term results. This is an interesting paper. However, some of main important issues need to be verified to improve your work as following. 1. It is hard to cross-check all the work you have done, since you didn't report line/page of each item of CARE checklist. In my opinion, the manuscript still needs to be completed according to items of CARE checklist. 2. Not to mention the previous reports of early and late surgical complications of this technique. 3. Finally, since I am not a native English user, I did not check for grammatical errors thoroughly. This should be done by an appropriate language reviewer.

Reply: in the revised manuscript, we have correctly recompleted the CARE checklist.

Reviewer #2:

Scientific Quality: Grade C (Good)

Language Quality: Grade C (A great deal of language polishing)

Conclusion: Major revision

Specific Comments to Authors: The abstract needed to be revised to make the information more succinct. For ordinary readers, the introduction is too brief. The case presentation needed to be adjusted as well, with fewer headers. The English language needs to be refined significantly. The format of the references is incorrect.

Reply: in the revised manuscript, we have added more backgrounds concerning current treatment options for the complication of ureteral avulsion caused by URS. In the “CASE PRESENTATION” section, we have written the manuscript in accordance to the format of the journal. We have correctly updated the format of the references.

Reviewer #3:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: This case report is very interesting and gave author's experience in this rare but challenging conditions. The case report is well written. My only comments is that literature must be written in the unique, uniform way.

Reply: in the revised manuscript, we have revised the literature in accordance to the format of the journal.

Reviewer #4:

Scientific Quality: Grade E (Do not publish)

Language Quality: Grade C (A great deal of language polishing)

Conclusion: Rejection

Specific Comments to Authors: The authors describe about the modified Boari flap technique for complete avulsion. It is different from other case reports in terms of follow up of the patient. However, many lackings were found: 1. grammatical errors. 2. abstract includes the sentence 4 year follow up which is not mentioned anywhere in the main text. 3. the case report should be in accordance to SCARE guidelines and must cite the guideline in the introduction section. 4. in Lab examinations, mention "other parameters were normal" or as such. Or mention the tests you have performed saying the parameters were normal. 5. The main reason why the patient underwent URS was due to calculi, please clarify this in the history if stone was removed or not. If not mention the measures you took to remove the calculi. 6. Discussion portion is poorly written, many things from beginning to end are repeating, literature searching is poor. 7. the last potion of the discussion should be briefly mentioned in the conclusion, besides the surgery and good outcome, experiences could be shared in this portion. 8. author mentions ileal substitution, auto transplantation and nephrectomy, but only describes about renal auto transplantation. question might arise why Boari flap not ileal substitution or nephrectomy was done during the operation.

Comment No.1

Reply: we have sent our manuscript to a professional English language editing company recommended by the journal.

Comment No.2

Reply: we did clarify that the follow-up period was 48 months by the sentence "Neither hydronephrosis on both sides nor renal function damage was documented during the 48-month follow-up." in the "OUTCOME AND FOLLOW-UP" section.

Comment No.3

Reply: in the revised manuscript, we have correctly recompleted the CARE checklist.

Comment No.4

Reply: in the revised manuscript, we have revised the "Laboratory examinations" section with more information.

Comment No.5

Reply: In the manuscript, "the patient with left proximal ureteral calculus and associated mild hydronephrosis underwent a left 8/9.8Fr semirigid URS and laser lithotripsy at an outside clinic." The stone was reportedly completely fragmented by the operator. We confirmed this from the preoperative computed tomography that the affected left renal pelvis contained just little stone fragments which did not need to be intentionally removed. We did not clarify these details because we did not consider it as the main focus and we considered at that time that the main focus of this manuscript was the management technique for this severe complication of URS, i.e. complete ureteral avulsion. We have clarified this in the revised manuscript.

Comment No.6

Reply: we have renewed the literature in the revised manuscript.

Comment No.7:

Reply: we have shared our techniques and experiences in both the discussion portion and the conclusion portion.

Comment No.8

Reply: we did describe about ileal substitution not just renal autotransplantation in the "DISCUSSION" section. Since the disadvantages of the ileal substitution and the renal autotransplantation were obvious as described, we chose a modified Boari flap technique after full discussions with the patient and her husband before operation. Obviously, nephrectomy was always the last choice.

Reviewer #5:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: It is a very good written paper, with a specific issue highly important to urology. Mind the grammatical signs / rules; for example in first sentences of the discussion: Complete ureteral avulsion often occurs during a semirigid ureteroscopy in these consecutive processes: the operator finds it difficult to advance the

ureteroscope and feels restricted in the ureter due to a relatively small ureteric lumen size; Excessive force on the ureteroscope, of which the outer caliber is gradually larger towards the base, makes it wedged into the ureter until tightly impacted; Further force results in a complete avulsion of the intramural ureter from the bladder wall; On withdrawal of the ureteroscope,

Reply: we have sent our revised manuscript to a professional English language editing company recommended by the journal.