

**Manuscript NO: 80566**

**Original Title: Interventional urethral balloon dilatation before EVIU in a 12-year-old boy with post-traumatic bulbous urethral stricture: A case report**

**Revised Title: Interventional urethral balloon dilatation before endoscopic visual internal urethrotomy for post-traumatic bulbous urethral stricture: A pediatric case report**

### Point-by-Point Response

Please note that the changes made do not influence the content, conclusions, or framework of the paper. We have not listed below all minor changes made; however, these are indicated in the revised manuscript.

### Response to Reviewer 1 Comments

**Reviewer #1: Scientific Quality:** Grade C (Good)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Minor revision

**Comments:** In discussion part, the authors should add one paragraph to introduce the etiology of urethral stricture including adults and adolescent. There are several stricture sites, therefore, authors should provide the detail.

**Response:** Thank you for your valuable comments and suggestions, which have helped us improve our manuscript. We have added some information regarding the etiologies and locations of urethral strictures in the first paragraph of the Discussion section. The manuscript, especially the revised text, has been checked by a native speaker from a professional editing service.

## **Response to Reviewer 2 Comments**

Reviewer #2: **Scientific Quality:** Grade B (Very good)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Minor revision

**Comments:** The content of the manuscript is simple, the technical method is feasible, and it has practical and clinical significance.

**Response:** Thank you very much for your review of our manuscript and your favorable comments. The manuscript, especially the revised text, has been checked by a native speaker from a professional editing service.

## Response to Reviewer 3 Comments

**Reviewer #3: Scientific Quality:** Grade D (Fair)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Major revision

**Comments:** The authors presented a case of post-traumatic bulbous urethral stricture who was managed via interventional urethral balloon dilatation before EVIU.

**Response:** Thank you very much for your careful review and valuable comments and suggestions, which have helped us improve our manuscript considerably. We have provided point-by-point responses to your comments below. The manuscript, especially the revised text, has been checked by a native speaker from a professional editing service.

1. There are several investigations and even review of the role of urethral balloon dilatation in post-traumatic bulbous urethral stricture. For example:  
<https://doi.org/10.1016/j.urology.2014.01.009>; <https://doi.org/10.1016/j.jvir.2015.08.006>. So I don't understand what is unique about your case and why it should be interesting for the readers of World Journal of Clinical Cases.

**Response:** Thank you for your comments and suggestions. We have carefully read the articles at <https://doi.org/10.1016/j.urology.2014.01.009> and <https://doi.org/10.1016/j.jvir.2015.08.006>. The former article, published in *Urology*, is about urologic stenting-induced trauma and presents a comprehensive analysis of ureteral stent-related trauma and its treatment. The latter article, published in *JVIR*, presents an evaluation of the efficacy of primary interventional urethral realignment in patients with traumatic urethral injuries.

In our report, however, we do not discuss the treatment of pediatric urethral trauma. Our case report describes the management of a severe post-traumatic urethral stricture in a 12-year-boy. Several treatment options for pediatric urethral strictures have been introduced in recent years, and endoscopic visual internal urethrotomy (EVIU) could be a first-line treatment option for pediatric patients with short urethral strictures. However, if the urethroscope cannot pass through the stricture point, EVIU is not feasible and open urethroplasty is required.

In our patient, the first EVIU attempt failed because the endoscopic guide wire could not be passed through the stricture point given the severity of the bulbous urethral stricture.

When their urologist explained the operative outcome and the need for open urethroplasty to the patient and his guardian, they strongly requested for repeat EVIU. Because excessive force application to pass the urethroscope through the stricture point may lead to additional urethral injury, the urologist consulted with the department of interventional radiology regarding interventional urethral balloon dilatation and foley catheter insertion. Under the guidance of urethrography and fluoroscopy images, the stricture point on the bulbous urethra was successfully located using the guide wire and catheter, and urethral balloon dilatation was performed to allow for subsequent EVIU.

The unique point of our case report was that interventional urethral balloon dilatation was used for securing the urethral route in a 12-year-old boy with severe post-traumatic bulbous urethral stricture, which facilitated safe and successful EVIU. The findings from this case suggest that an interventional approach to secure the urethral route before endoscopic urologic procedures can be a good option in pediatric cases where the urethroscope cannot be passed through the urethra.

2. During the background of your abstract, it's not clear why your case is unique and important.

**Response:** Thank you for your helpful comments. We have modified the Background section of the Abstract to highlight the novelty of our case. We have ensured that the Background section remains within the journal limit of 80 words.

3. Case presentation of your abstract is too long but lacks of important features, for example it's not important that

**Response:** We apologize for the inadequate and lengthy description. We have modified the Case Presentation section to include only the important aspects of the case.

4. During the present illness, you should also mention the Character, Aggravating factors, Relieving factors, Timing and Severity of chief complaint.

**Response:** We apologize for the inadequate description. We have now added the requested information in the Case Presentation section.

