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Re: Manuscript No.69737 **Disruption of sensation-dependent bladder emptying due to bladder overdistension in a complete spinal cord injury: A case report**

Dear Editor,

Thank you for your constructive comments and the effort devoted to the review of our research. The manuscript has been rechecked, and the necessary changes have been made in accordance with the reviewers' comments. We did our best to give clear and precise answers to comments. We believe that the manuscript has further improved after the revision. As requested, the revisions have been indicated in red in the revised manuscript.

We thank you for your consideration and look forward to hearing from you.

Reviewer #06125860

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good
	[] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [Y] Grade B: Minor language polishing
	[] Grade C: A great deal of language polishing [] Grade D: Rejection
	[] Accept (High priority) [Y] Accept (General priority)
Conclusion	[] Minor revision [] Major revision [] Rejection
Re-review	[] Yes [Y] No
Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous
statements	Conflicts-of-Interest: [] Yes [Y] No

#1. This case report is are summarized briefly clearly, I think that great. However, bladder overdistension is the most common cause of AD. Also, it has already been reported that a bladder fistula is constructed for the avoidance of bladder overdistension, and I think it lacks novelty.

- *Response*: Thanks for your comments. In the literature of reviewing neurogenic bladder, it has been found that AD can be prevented through surgical methods^[1, 2]. By fundamentally preventing bladder overdistension through "surgical incontinent diversion" such as ileal conduit, the detrimental effect caused by AD like this case might not have occurred. However, for 23 years, this patient has well maintained with SDBE and CIC and he did not want surgical treatment for bladder, and he wanted to maintain bladder function (storage; urine bag free) as much as possible. Therefore, it might have been difficult to consider prophylactic surgical treatment in this case. We added the reason for not considering surgical treatment as a priority in this case at the beginning of the discussion section. (Line 184-186)

Reference

1 Goldmark E, Niver B, Ginsberg DA. Neurogenic bladder: from diagnosis to management. *Current urology reports* 2014; **15**(10): 448 [DOI: 10.1007/s11934-014-0448-8]

2 Flack CK, Mellon MJ. Current management strategies for autonomic dysreflexia. *Current Bladder Dysfunction Reports* 2018; **13**(4): 224-229 [DOI: 10.1007/s11884-018-0488-x]

Reviewer #01436649

Scientific quality	[] Grade A: Excellent [Y] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	 [] Accept (High priority) [Y] Accept (General priority) [] Minor revision [] Major revision [] Rejection
Re-review	[Y]Yes []No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [] Onymous Conflicts-of-Interest: [] Yes [Y] No

Comments and Suggestions for Authors

#1. In this manuscript authors presented man with spinal cord injury and disruption of sensation-dependent bladder emptying due to bladder overdistension. Cae report was well written and brings new insights related to autonomic dysreflexia and discomplete SCI. I recommend manuscript acceptance

- *Response* : Thank you for your acceptance.