

Reply to the reviewers' comments.

Reviewer Number	Original comments of the reviewer	Reply by the author(s)	Changes done on page number and line number
<p>Reviewer #1:</p>	<p>Specific Comments to Authors:</p> <p>Dear Authors, The topic of your paper is interesting. However, there are few things missing:</p> <ul style="list-style-type: none"> - You put too much emphasis on enuresis but you did not emphasise importance of ectopic ureter as cause of enuresis - Is elastic band commonly used in cases of enuresis in your country? - The case presentation is missing some data/some data is not clear: <p>1. How many CT scans did you performed in this case: one or two?</p> <p>2. What was the cause for the acute urinary retention? stricture? urinary tract infection?</p>	<p>We wish to thank you for your comments and observations in respect of our manuscript.</p> <p>A statement has been added to the introduction section to stress importance of ectopic ureter as cause of enuresis</p> <p>No, a note has been added to the introduction</p> <p>One CT scan was done and was informative. Also, patient/ guardian pay out-of-pocket for services in our facility which makes repeated CT scan exhaustive on the caregiver except when absolutely necessary.</p> <p>The cause for the acute urinary retention was initially due to both evolving stricture and urinary tract infection (causing phallic tissue and urethral mucosa edema).</p>	<p>page 3, paragraph 2, line 9-11</p> <p>page 3, paragraph 1, line 11-12</p>

	<p>Which approach did you use - percutaneous? surgical/open? what kind of tube did you insert?</p> <p>Were there any complications with the tube?</p> <p>How long it remained in situ after first/second surgery?</p> <p>Did patient received any antibiotic while cystotomy tube was in situ (if yes for how long and which antibiotic)?</p>	<p>He had open suprapubic cystostomy and 4 weekly 14 fr SPC catheter change until 8 months later when they were ready financially for the Urethroplasty</p> <p>No major one except UTI in a few occasions</p> <p>8 months</p> <p>He had Nitrofurantoin for 8 months and break-through antibiotic treatment for UTI based on urine culture.</p> <p>Some treatments such blood transfusion were received before referral to our division but probably due to anaemia from UTI/Urosepsis at initial presentation.</p> <p>Packed red blood cell</p> <p>One unit of blood</p>	
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	<p>3. Your patient required transfusion; what is indication? cause for anemia?</p> <p>What kind of blood products did he receive?</p> <p>How many units?</p> <p>4. Figure 1 -> 1B the abdomen could not be clearly seen;</p> <p>1C the resolution of figure is poor;</p> <p>You should provide enlarged/zoom picture of the stenosis</p> <p>5. You also performed IV urography; how much radiation the</p>	<p>Packed cell unit</p> <p>One unit</p> <p>Some of the pictures were acquired without proper abdominal exposure hence cropped to avoid showing patient dressing.</p> <p>It is due to out-of-pocket payment. He was referred with it. Hence, we prefer to combine it with clinical information to enable them safe some money for definitive treatment.</p> <p>The enlarged/zoom picture of the stenosis produced for inset image was blurred compromising further the picture quality</p> <p>IV urography was not done. The figure 2A, is one the films of the MCUG or VCUG done for urethral stricture evaluation that showed left duplex system reflux which heighten our suspicion of congenital pathology that led to</p>	
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	<p>patient received?</p> <p>Wouldn't it be better to perform one high quality CTU instead of one IVU + 1 or 2 CT (from the manuscript it is not clear how many CTs you performed)?</p> <p>If you performed 2 CTs (one before 1st surgery and the other before the 2nd, how that the ectopic ureter was not detected on the first CT?</p> <p>6. Regarding 1st surgery - do you have any photo material from the surgical procedure to add to the manuscript?</p> <p>7. Regarding 2nd surgery - more data about surgery is missing; did you use any ureteric stents?</p>	<p>request of the only CT scan.</p> <p>Yes, above text clarifies IVU and number of CT</p> <p>Only one (1) CT scan was performed after second surgery (i.e Urethroplasty) to ascertain the suspicion of ectopic ureter as the cause of secondary enuresis</p> <p>I sincerely and painfully lost the beautiful Urethroplasty intraoperative images acquired due to technical glitch with camera used.</p> <p>5fr feeding tubes were used as improvised external ureteric stents, one on the right and two on the left side as shown in figure 3C) right ureteroneocystostomy (blue arrow) and left duplex ureteroneocystostomy (white and yellow arrows)</p> <p>He had Nitrofurantoin and sulphadoxime-</p>	
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	<p>What about antibiotic prophylaxis?</p> <p>Surgery duration?</p> <p>Blood loss?</p> <p>What have you done with the ureter orifice in the prostatic urethra?</p> <p>Kind of urine drainage after surgery (cystotomy? urinary catheter?)</p> <p>8. The quality(resolution) of the CT scans is poor; maybe you can use red or yellow arrows instead of white</p> <p>9. About follow up - how long is it after surgery?</p> <p>Does patient has any</p>	<p>pyrimethamine for prophylaxis until stent removal</p> <p>Three (3) hours</p> <p>≈ 200 mls</p> <p>Nothing, we expect it to degenerate and get fibrosed with time. Meanwhile parent are counseled on need to report any sign of UTI for immediate treatment.</p> <p>urethral catheter drainage</p> <p>The arrow colour changed as suggested</p> <p>2 years after last surgery</p> <p>None</p> <p>Follow up has been graded, 2weeks after</p>	
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	<p>complications?</p> <p>How often are you seeing him during follow up?</p>	<p>discharge, then 4weeks, 8weeks and now 6 monthly then annually</p>	
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<p>Reviewer #2:</p>	<p>Specific Comments to Authors:</p> <p>In this case the authors discussed the management of secondary nocturnal enuresis in a 10 -year-old male child with an attendant urethral stricture.</p> <p>Some concerns are listed as below:</p> <p>Potential relationship regarding urethral stricture following applications of the rubber band to the phallus is not clear.</p> <p>Potential complications include acute complications such as erosion of skin, corpus with urethral transection or gangrene of distal tip, and autoamputation have been reported in the literature.</p>	<p>We wish to thank you for your comments and observations in respect of our manuscript.</p> <p>We have added a note to explain potential relationship regarding urethral stricture following applications of the rubber band to the phallus.</p> <p>The acute complications present in the index patient is urethral erosion as evidence historically by the leakage of urine from penile shaft ventrally and as shown in the figure 1B (Red arrow).</p>	<p>page 3, paragraph 1, line 13-16</p> <p>page 4, paragraph 2, line 3</p>
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