

## ANSWERING REVIEWERS

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**Column:** Editorial

**Title:** Enuresis and sleep disordered breathing: an old and new link

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**Reviewer code:** 00503201, 00505700 and 02584581

**First decision:** 2016-05-17 11:58

Please find enclosed the point-to-point reply to the reviewer's comments.

### REVIEWER N. 1

Thank you for this nice review, certainly anything we can do to improve our knowledge and treatment of enuresis is welcome. Furthermore, we may help identify a true health risk in an otherwise benign-appearing complaint. > my main concern is that your review focuses on a number of manuscripts, but your recommendations do not seem to use their findings. For example:

**Recommendation 1) What criteria is a urologist to use to determine the risk of SDP? Bascom et al., recommended the presence of snoring as an indication for referral to ENT / otolaryngology / or sleep medicine. There are at least two well validated questionnaires that are also used as screening tools (OSA-18 and PSQ). Recommendation 2) Again, the general practitioner needs to have a criterion for diagnosis / screening tool**

*Thank you for the reviewer comment. Accordingly, we insert in the suggested comments in the final section as "Validated questionnaire for detection of SDB in children with NE are an important tool for screening although with weak predictive values [29,30] so that urologist may detect the problem and referred patients to otolaryngology or sleep medicine".*

**Recommendation 3) How do you define refractory enuresis?**

*Thank you. I defined refractory nocturnal enuresis as medication-resistant enuresis (El-Mitwalli A, Nat Sci Sleep. 2014).*

**Recommendation 4) Are you suggesting that all patients seen for enuresis (regardless of snoring, questionnaire scores, or clinical success) undergo polysomnography? If so, this would negate your suggestions in 1-3.**

*Thank you. Truly no. I suggested that children with NE and symptoms of SDB, or NE not responsive to the standard treatment, must be referred to a sleep medicine. Please see changes in the final paragraphs.*

## REVIEWER N. 2

**This is a well-written editorial on a very important topic. Comments: The article heavily focuses on clinical associations paying little attention to mechanistic correlations of SDB and NE. Please provide a brief description of differences between central sleep apnea and obstruction sleep apnea. Do both conditions correlate with NE or obstructive type only?**

Thank you. Central sleep apnea is scored as pauses of respiration, with absent respiratory efforts, for almost two breaths, involving both chest and abdominal movements that are absent, associated with arousals and/or oxygen desaturation. Obstructive sleep apnea is scored as almost 90% of oro-nasal airway flux with respiratory effort. At this time, the increased sleep respiratory disturbance, measured as AHI, can be associated in almost 50% of cases with enuresis. This association is most frequently linked to the obstructive type. In SDB children, a link between increased BNP secretion i and NE has been suggested (Rif.18).

**Please spell out SDB in the second paragraph of introduction.**

Thank you.

**Introduction, third paragraph, last statement: It is stated that both NE and SDB are sleep disorders. These are urological and respiratory conditions associated with sleep but should not be categorized as sleep disorders.**

Thank you. I modified the statement, accordingly.

## REVIEWERS N. 3

**This is very well written manuscript with high clinical relevance. The topic is very important and the case is presented adequately.**

*Thank you.*