

To:

Fang-Fang Ji (The Science Editor),

World Journal of Clinical Urology

Subject:

Response Letter - Radical Cystectomy and En-bloc Resection of Enterovesical Fistula
from Bladder Cancer

From:

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Royal Perth Hospital

First Author

(On behalf of Willy LOW, Sathiyananthan JR, Pradeep SUBRAMANIAN, Joel STEIN)

Dear Editor,

We would like to thank you and the other reviewers for the meticulous review of our manuscript and for considering it for publication in the World Journal of Clinical Urology.

Editor's Comments:

1. Submission of Audio Core tip

An Audio Core Tip has been attached as recommended.

2. Format of references

Referencing format has been changed so that it adheres to the requirements for publishing in the World Journal of Clinical Urology.

3. Insertion of "Comments" section

A “Comments” section with sub-sections has been added to the manuscript.

Reviewer 03618990 Comments:

“Please discuss further the diagnostic workup including urologic and gastrointestinal endoscopic approaches.”

Based on the recommendation of the reviewer, we have made further elaboration in regards to the urological and gastrointestinal diagnostics approaches.

Reviewer 00468558 Comments:

“Authors deal with a very rare case of EVF caused by urothelial malignancy. The case report is well written, clear and concise. The case management is unremarkable. Pelvic exenteration and faecal and urinary diversion was the only reasonable choice. Indeed, I wonder why a colonoscopy was performed. The issue should be discussed.”

We would like to thank the reviewer for his/her words of praise for the manuscript. The suggestion has been incorporated into the revised manuscript. A colonoscopy was performed in our case as we wanted to investigate the cause of her initial presentation of PR bleeding. Apart from that, the other symptoms described by the patient such as pneumaturia, faecaluria and rectal micturition were not uncommon in the setting of a colovesical fistula which is commonly caused by inflammatory or malignant bowel disease. Hence, performing a colonoscopy is useful in excluding a synchronous colovesical fistula and/or bowel malignancy.

