Author’s response to reviews

Title: Complete Staghorn Calculus in Polycystic Kidney Disease: Infection is still the cause

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Version: 2 Date: 28 July 2013

Author’s response to reviews: see over
Cover Letter

July 27, 2013

Dear editor,

Thank you very much for reviewing our manuscript *Complete Staghorn Calculus in Polycystic Kidney Disease: Infection is still the cause.*

We revised the manuscript according to the opinions of editor and reviewers: we added a paragraph at the end the Discussion part and describe the treatment options for staghorn calculi in ADPKD patients. The newly added part was highlighted by red color.

The following are the point-by-point responses to editor and referees’ comments.

For referee 1:

Thank you for the valuable comments. Based on your opinion, we added a paragraph at the end of the discussion part to describe the possible therapeutic options for staghorn calculi in ADPKD. The newly added part is marked by RED color.

According to AUA guideline in 2005, PNL was recommended as the first therapy for the treatment of staghorn calculi for most patients, while shock wave lithotripsy (SWL) monotherapy and open surgery are only indicated on limited cases. In ADPKD patients, the principles of management of kidney stones should be the same as in patients with normal kidneys, however PNL can be challenging in some ADPKD patients as the distortion of kidney anatomy by cysts compression and the cysts can come in the way of puncture and need to be aspirated before procedure.

As reports on surgical treatment for nephrolithisasis in ADPKD patients are limited, it is reasonable to choose suitable therapeutic modality based on experience and expertise of each center. After removal of kidney stones, risk factors evaluation and control should always be considered to reduce the frequency of recurrent stone
disease in such patients.

For referee 2:
Thank you very much for your comments.

Thank you all again for reviewing our manuscript and making constructive comments!

Best wishes.

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