Author's response to reviews

Title: Pan-urethral stones arising from bladder Diverticulum and its management: case report

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Version: 3 Date: 16 May 2012

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Cover Letter: Revised manuscript of the response to reviewer’s report MS: 2230143836336628 on ‘Pan urethral stones from bladder diverticulum and its management: case report’ May 16, 2012

Reviewer 1: Subramanian Valdyanathan
Title of manuscript changed to ‘Urethral obstruction from dislodged bladder Diverticulum stones: a case report’. I have cropped figure 1 as advised.
‘Pan-urethral stones’ changed to ‘anterior and posterior urethral stones’
Take home message is that the patient was inadequately treated. In resource limited environment, this patient was safely treated by antegrade manual stones extraction under caudal anesthesia block. The preferred treatment is TURP with cystolithotripsy or alternatively open transvesical prostatectomy, diverticulectomy and skin extraction.
The manuscript has been re-written.

Reviewer 2: Stanley Zaslau
Patient did not have a preoperative urodynamic studies.
The PSA was elevated. The patient had prostate needle biopsy reported as nodular hyperplasia and chronic prostatitis. He was treated for chronic prostatitis for 6weeks and place on #-adrenergic receptor blocker.

Reviewer 3: Neena Agarwala
The patient was lost to follow up for 4 years. Catheter was retained for 4 months.
The bladder diverticulum measured 8cm x 8cm x 7cm on the ultrasound. It was located in the right posterior aspect of the bladder as seen on the plain lower abdominal and penile X-ray. It contained some stones as indicated by the blue arrow in figure 1
Article has been re-written.
Reviewer 4: Selahattin Bedir

The previous TURP was not performed by the authors. It was performed in a private facility where the patient was informed of the operation findings and what was done. We agree that this conditioned should have been treated endoscopically at the same sitting or through an open surgery. This is our take home message in the concluding part of the manuscript.

The patient was symptom free after the TURP until 4 months before his new presentation, when he experienced acute urinary retention and was catheterized in a private facility. He presented to us with retained catheter of 4 months duration.

He had preoperative #-adrenergic receptor blocker.

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