Author's response to reviews

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

Authors:

Linus I Okeke (liokeke@yahoo.com)
Augustine O Takure (aotakure@yahoo.com)
Sikiru A Adebayo (sikobay@yahoo.com)
Olukayode Y Oluyemi (oluyemioy@yahoo.com)
Abimbola A.A Oyelekan (bimbooyelekan@yahoo.com)

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Author's response to reviews: see over
Cover Letter: Updated Revised manuscript MS: 2230143836336628 on ‘Pan urethral stones from bladder diverticulum and its management: case report’ June 29, 2012

Previous corrections May 16, 2012

Reviewer 1: Subramanian Valdyanathan

1. Title of manuscript changed to ‘Urethral obstruction from dislodged bladder Diverticulum stones: a case report’. I have cropped figure 1 as advised.
2. ‘Pan-urethral stones’ changed to ‘anterior and posterior urethral stones’
3. 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 stone extraction.
4. The manuscript has been re-written.

Reviewer 2: Stanley Zaslau

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

Reviewer 3: Neena Agarwala

1. The patient was lost to follow up for 4 years. Catheter was retained for 4 months.
2. 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
3. Article has been re-written.

Reviewer 4: Selahattin Bedir

1. 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.
2. 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.
3. He had preoperative α-adrenergic receptor blocker.
Urethral obstruction from dislodged bladder Diverticulum stones: a case report

Recent corrections and additions June 29, 2012

Abstract

Background: Secondary urethral stone although rare, commonly arises from the kidneys, bladder or are seen in patients with urethral stricture. These stones are either found in the posterior or anterior urethra and do result in acute urinary retention. We report urethral obstruction from dislodged bladder diverticulum stones. This to our knowledge is the first report from Nigeria and in English literature.

Case presentation: A 69 year old, male, Nigerian with clinical and radiological features of acute urinary retention, benign prostate enlargement and bladder diverticulum. He had a transurethral resection of the prostate (TURP) and was lost to follow up. He re-presented with retained urethral catheter of 4 months duration. The catheter was removed but attempt at re-passing the catheter failed and a suprapubic cystostomy was performed. Clinical examination and plain radiograph of the penis confirmed anterior and posterior urethral stones. He had meatotomy and antegrade manual stone extraction with no urethra injury.

Conclusion: Urethral obstruction can result from inadequate treatment of patient with benign prostate enlargement and bladder diverticulum stones. Surgeons in resource limited environment should be conversant with transurethral resection of the prostate and cystolithotripsy or open prostatectomy and diverticulectomy.

Key words: urethral obstruction, diverticulum stones, urinary retention.

References:


Figures 1, 2, and 3 are now scanned as TIFF

**Corresponding author:** Takure A.O; e-mail: aotakure@yahoo.com.