Author’s response to reviews

Title: Severe renal bleeding caused by a ruptured renal sheath: Case report of a rare complication of percutaneous nephrolithotomy.

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Version: 3 Date: 8 Jul 2002

07/07/2002

Dear editors,

We would like to thank you and the referees for being interested in our manuscript. Considerations and advices from both of the reviewers have been a great learning and scientific experience for us. We have made some necessary changes in the manuscript according to their revisions. Please find below a detailed list of these changes, separated for each reviewer. We are now submitting this revised manuscript which we have also checked for all the 30 points of "authors' checklist for manuscript formatting - medicine manuscripts". We have faxed the written consent form obtained from the patient, with an English translation by our administrative division. Please note that we could not rename the remaining figures for resubmission so correct figure numbers are the ones that are given by you automatically, not the numbers that are mentioned as file names.

Thanks again for your cooperation,

Best of regards,

Murat Ugras MD
Ali Gunes MD
Can Baydinc MD

Discretionary revisions:

Dr E. Holman

1. Abstract- background: Fifth line: the term "mortality" is cancelled
2. Abstract- background: Sixth line: the term "equipment" is cancelled.
3. Abstract- conclusion: The sentence is corrected as "some unexpected complications may arise during percutaneous nephrolithotomy"
5. Background seventh line: The term "anatomical abnormalities" is changed as "complications"
6. The term "PTFE" is replaced with "polytetrafluoroethylene".
7. An answer to the reviewers question is given with a sentence: "None of the equipment used in this case was resterilised or reused material."
8. Conclusion, first line: "known to be" is replaced with "it is ".
9. "severe bleeding requiring transfusion may sometimes arise during PNL " is changed as "PNL may sometimes cause severe bleeding that requires transfusion".
10. To explain the role of the surgeon in this complication this sentence is added to the conclusion: "Any rough or careless movements of the equipment inside the kidney may be the cause of this situation and should always be avoided in order not to cause such problems"
11. Roentgenograms in figure 1 and figure 4 are removed, and only the ones that show stones and sheath are kept.

Dr. Jens Rassweiler

1. All the manuscript is checked for typing errors. Although the term "urinalysis" is present in textbook (Brendler CB: Evaluation of the urologic patient in Walsh, Retik, Vaughan, Wein: Campbell’s Urology 7th ed. WB Sounders, 144), it is replaced with "urine analysis" as demanded.
2. The case report format of BMC is not allowing authors to write a separate discussion section, so the main problem, causes and measures that can be taken are discussed partly at the Case Report and heavily at the Conclusion sections. Some changes are made in the light of dr. Rassweiler’s advices on lithotripsy method and the surgeon’s role in this complication.
3. Past medical history details are removed to shorten the report.
4. Every effort is made to re-structure the report without disobedience to the BMC restrictions for case reports.
5. The way to remove a 24Fr Foley catheter through a 30 Fr sheath (ie cutting the stop-valve inflation limb of the catheter) is explained in the text.
6. To answer the question on balloon inflation, these sentences are added to the case report: "The nephroscope was withdrawn and a clamped 24Fr Foley catheter was introduced to the kidney inflating the balloon with 3cc of saline for compression. The inflation volume was decided according to the visual estimation of the space at the bleeding kidney site"
7. The case reports cannot include a separate Discussion section in BMC format, so the knowledge necessary is dispersed through the Report and Conclusion sections.
8. Advices that can be drawn from a single case are added to the text as a paragraph: "Rough or careless movements of the equipment inside the kidney may also be the cause of this situation and should always be avoided in order not to cause such problems. Stone pieces that are not suitable for grasping in one diameter should not be forced or even manipulated to twist to a more suitable angle but rather be fragmented further. Although time consuming, grasping of little fragments is safer and lithotripters with aspiration systems may facilitate the procedure. Once torn, cutting edges of the sheath may cause damage and bleeding inside the kidney. Surgeon should be aware of this complication and should check the edges of the tube if there exists an unexpected bleeding, especially while manipulating the sheath around fragmented stones. It is best to handle and manipulate the equipment delicately and with great care to avoid such a problem".