Author's response to reviews

Title: Immediate endoscopic realignment of traumatic anterior urethral injuries: long term results.

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Author's response to reviews:

To, 29/8/2005
The Editor,
BMC Urology,
Respected sir,

I am sending herewith the revised manuscript "Immediate endoscopic realignment of complete iatrogenic anterior urethral injuries: A case series with long-term results". Kindly consider the same for publication in BMC Urology. All the comments by both reviewers are addressed to below.

Thanking you,
Sincerely yours,
Dr. Hemendra Shah
Co-author

Reply to Reviewer Ja Ku report:

Minor Essential Revisions
Comments- Initial treatment of traumatic anterior urethral injuries is one of the most controversial and technically difficult problems in urology. The authors report their experiences of 7-patient series. This manuscript contains a high interesting topic but moderately interesting contents. Although the results of the study are interesting, patients are not randomized.
The aim in managing urethral disruption is not to prevent stricture formation but to ensure that the strictures that occur are easily treatable. The goal of immediate primary realignment lies in the ability to perform the procedure in as timely a fashion as possible with minimal disruption to the already traumatized tissue. Thus, I share the authors’ opinion that primary urethral realignment may be attempted safely, often is successful, and does result in a lower complication rate. Long-term prognosis is predicated more on the magnitude of the injury than the form of treatment. Therefore, accurate results and decisions will only be available on the basis of future prospective and randomized studies. Therefore, I dare doubt that any relevant recommendation of an effective therapeutic approach can be derived from a single series analysis of such a small number of patients. I have some questions about the relevance of the results. In addition, there are several grammatical errors. A few points must be clarified.
Reply- We agree with reviewer that the major drawback of our study is small number of patients and lack of comparison with patients who were managed by delayed method. A necessary comment regarding these limitations is added in discussion section of manuscript.
Similarly we agree with reviewer that any relevant recommendation of an effective therapeutic approach cannot be made on basis of a case series analysis of such a small number of patients. Hence the comments regarding the same deleted from discussion section of manuscript.
The necessary grammatical corrections made in the revised manuscript.

Reply to Specific comments

Comment- Title: In fact, all urethral injuries in this study were iatrogenic, but not traumatic. Therefore, title should be revised; traumatic seems to be inappropriate.
Reply- The necessary revision made in the title as per recommendation of reviewer.

Comment- Materials and methods: What were the diagnostic criteria used to establish urethral rupture?
Reply- Complete urethral trauma was suspected when dynamic ascending urethrogram performed under fluoroscopic guidance revealed extravasation of contrast with no contrast delineating the proximal urethra.
The diagnosis was confirmed endoscopically which showed complete lack of urethral mucosal continuity. The necessary changes made in material and methods section of manuscript.

Comment: Results: Were all urethral injuries complete? The type of urethral injury should be described in the Result section (complete or incomplete). Reply- All the urethral injuries described were complete as mentioned in second paragraph of result section of manuscript.

Comment- Discussion- 1. In this series, 7 patients did not seem to be consecutive ones. Did you have a successful attempt at primary realignment in all patients? If not, what percentage of patients had an unsuccessful attempt at primary alignment and were then managed by the delayed method? Reply- The 7 patients were consecutive ones. The immediate endoscopic realignment was successful in all 7 patients that presented to us with complete iatrogenic urethral rupture as mentioned in third paragraph of result section of manuscript.

Comment- Discussion- 2. Again, this study has profound pitfalls regarding the study design. It is more appropriate for comparing groups who received a primary realignment and who did not. The authors should acknowledge and comment on this issue in the Discussion section. Reply- We agree with reviewer that the major drawback of our study is small number of patients and lack of comparision with patients who were managed by delayed method. A prospective randomized trial with larger number of patient is necessary to evaluate definitive role of immediate endoscopic realignment in management of complete anterior urethral injuries. The above comments added in discussion section of revised manuscript.

Reply to Reviewer Ghulam Nabi report:-

General comments- This paper describes a single centre case series of iatrogenic urethral injuries managed immediately using endoscopic realignment. The word realignment is most commonly used for posterior urethral injuries, where a disruption and distraction happens due to different mechanism of injury. The mechanism of injuries in this series seems most likely due to false passages rather than disruption and distraction. I would suggest to revise the title. Reply- We agree with the above comment of reviewer. The necessary revision in the title made in revised manuscript.

Major Compulsory Revisions
Comment 1. The statement "The management of anterior urethral injuries remains controversial" needs references. The following reference is for posterior urethral injuries. More background on anterior urethral injuries is needed. Reply- The necessary reference mentioning the above comment mentioned in revised manuscript. (Reference number 1of revised manuscript)

Comment- 2. The pre-operative and post-operative urethrogram pictures need to be incorporated into the manuscript. This will improve the quality of manuscript. Reply- All the patients were treated on emergency basis. The patient's dynamic ascending urethrogram was performed under fluoroscopic guidance in operation theatre. Hence unfortunately we don't have any picture of pre-operative urethrogram of above patients.

Comment 3. Needs careful checking of syntax and grammar. Few errors such as "16Fr needle" need to be taken care. Reply- Necessary grammar check made in revised manuscript.

Comment 4. "All patients were in urinary retention". What about patient number 5 in Table? Table shows that the procedure was carried out 2 hours after the injury. Reply- The necessary corrections made in the material and methods section of revised manuscript.
Comment 5. Discussion need to be focused on the management of anterior urethral injuries. 
Reply- Detail discussion regarding the management of anterior urethral injuries added in discussion section of revised manuscript.

Minor Essential Revisions

Comment 1. Timing of removal of suprapubic catheter? Any reason for removing catheters at different time intervals.  
Reply- Suprapubic catheter was uniformly removed on first postoperative day in all the 5 patients in present series. It is mentioned in material and methods section of revised manuscript.

Comment 2. What kind of urethroplasty patient no.6 in Table had?  
Reply- Open end-to end urethroplasty. The necessary specification made in result section and table of revised manuscript.

Comment 3. What is the protocol authors would suggest to follow these patients and how long?  
Reply- The protocol for follow-up specified in material and method section of revised manuscript.

Discretionary Revisions
Description of material and methods under different techniques used to delineate proximal urethra.  
Reply- The necessary changes made in revised manuscript.