Reviewer's report

**Title:** Laparoscopic nephrectomy for Giant staghorn calculus with non-functioning kidneys. Is associated unsuspected urothelial carcinoma responsible for conversion?

**Version:** 1  **Date:** 26 August 2005

**Reviewer:** Maxwell v Meng

**Reviewer's report:**

**General**
The authors report on 2 cases of attempted laparoscopic nephrectomy in patients with nephrolithiasis. Several important point are raised. First, often times "simple" nephrectomy (e.g. not radical) is extremely difficult. Second, prudent intra-operative judgement is necessary to determine the need for conversion to open. Third, malignancy should be kept in mind in patients with inflammatory renal masses in association with stones.

**Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)**
Additional details would be helpful. These include operative time, associated morbidity, blood loss. Also, discussion about the subsequent open procedure would be educational -- type of incision, etc. The authors approached each case differently (i.e. transperitoneal vs. retroperitoneal). Why was this the case? A discussion of the rationale would be desirable. In the second patient, why was nephrectomy undertaken despite a differential renal function of 12%? What was this patient's creatinine? Potentially, multiple percutaneous procedures or anatrophic nephrolithitomy could have been successful.

The Discussion section should emphasize the key points. I believe these include (1) the difficulty in surgery (of any type) for inflammatory renal conditions, (2) intra-operative decision to convert to open surgery, and (3) suspicion for underlying malignancy in non-functional, XGP-type kidneys. Another important point would be the role of cross-sectional imaging. In 2005, I would think that computed tomography is readily available, depending on location; however, it is conceivable that CT in these 2 patients could have suggested underlying tumors or lesions, and this may have influenced the surgical approach and/or decision to attempt laparoscopy.

**Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)**
The author name in reference 3 is spelled different in the Reference list and discussion (page 5)

**Discretionary Revisions (which the author can choose to ignore)**

**What next?:** Accept after minor essential revisions

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** No
Declaration of competing interests:
I declare that I have no competing interests