Author's response to reviews

Title: CT scanning for diagnosing blunt ureteral and ureteropelvic junction injuries

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Author's response to reviews:

Dear Dr. Kouremenou:

I sincerely apologize for the delay in responding to your reviewers' comments. I have been preparing to deploy overseas with the Canadian military, and have been unavailable through email for a period of time.

Thank you for forwarding your reviewers' comments to us. They have been extremely helpful.

For Reviewer #1 (Dr. Kirkpatrick):

With regards to comments about the sensitivity of the trauma registry in detecting these injuries, we further explained our choice of the study period which reflected the period of time where all interesting trauma radiology have been reviewed weekly. Therefore, we had a separate weekly check to ensure that no injuries were missed by the registry, if the injuries were detected on CT imaging. However, we did acknowledge that blunt ureteral injuries may still have been missed.

With regards to descretionary changes, we did clarified that "non-operative" management included cystoscopically placed stents. We did not feel, however, that this study could address the question of whether or not "finding" these injuries is sufficiently important to risk delay in CT or additional radiation as this study is too small.

For Reviewer #2 (Dr. Doucet):

We clarified our search strategy and how we used our "trauma radiolgy" rounds as a means to help identify cases of blunt ureteral injuries.

We agree with Dr. Doucet that delayed images for gross hematuria would have detected 7/8 cases of blunt ureteral injuries in our series and that delayd images are warranted in cases presenting with this finding. However, our literature
review has shown that gross hematuria is frequently absent in cases where blunt ureteral injuries are present. Therefore, we suggest that the first CT abdomen/pelvis is carefully reviewed while the patient is still on the table; therefore, additional radiological findings can be used to prompt delayed images as well. We added this clarification in the Discussion.

Thank you for considering our article, and thank you for your patience.

Homer Tien,