Reviewer's report

Title: Percutaneous Nephrolithotomy in Horseshoe Kidneys: Is rigid nephroscopy sufficient tool for complete clearance? A case series study

Version: 5 Date: 22 July 2009

Reviewer: abdul majid rana

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Major Compulsory Revisions

1) The manuscript is written very casually and has not taken into consideration latest publications in indexed journals which are more than 7 since 2004.

2) The linguistic proficiency is very poor and repetition of statements is at times frustrating.

3) Abstract:
   a) It does not present complete data of patients example sex, age, and renal side.
   b) Alkan dilators are used to dilate the tract to what extent?
   c) The result of 87.5% without any flexible nephroscope makes it redundant.
   d) It does not explain which rigid instruments were used to deal with the residual stones? Size of residual stones? Methodology to measure it? Single or multiple?

4) Introduction:
   a) Last two lines of Para II are contrary to the fact as proper orientation and choice of calyx can more suitably be best decided while dynamic views of RGU are screened.

5) Patient and Method:
   a) CT angiography was only done in initial 10 patients to delineate. Although you have mentioned Al Otaibi's paper in the references, I could not find mention of this paper in your text. Al Otaibi claimed 19% higher incidence of finding retro renal colon in horse shoe kidneys advocating mandatory CT scan for PCNL in such kidneys. In the same paragraph you mention "in all renal units -----." Please explain what you really intend to convey.

6) Procedure:
   a) Size of the ureteral catheter needs mentioning.
   b) prone position is known to produce cephalad movement of the kidneys and bolsters and bags does not fix the kidneys nor push them posteriorly as these bags are kept against the ventral abdominal wall pushing the peritoneum against it only.
c) The contrast material can only opacify P.C. system but does not distend it.
d) Please mention the size of the guide wire and size of the Alkan dilators used up to what size.
e) You have mentioned that desired calyx was approached head on which in return should result in normal length of the tract not longer. Please explain?
f) In Para IV you have mentioned procedures were “tubeless”, please mention in how many cases it was done along with indications, contra indications, inclusion and exclusion criteria.
g) Para V is full of contradicting statements; please describe complications being major or minor scientifically rather than relating it to duration of hospital stay.

7) Results:
a) In case of multiple stones term “stone burden” should be used not “size”. You have used both terms without proper justifications.
b) In Para V, you have mentioned that while developing tract it appears that you are lateral as mentioned in line 3 of Para II All lateral entries are more associated with colonic punctures. You have claimed that the puncture site remained medial to posterior auxiliary line rather than close to transverse process of lumber vertebra.
c) Para III: Bleeding is not related to talk but bad punctures, poor tract creation and irresponsible manipulation while inside the kidney.
d) 85.7% clearance with auxiliary measures is good enough results and does not make a strong case for flexible nephroscope.
e) Reference 6, 7 and 8 are not highlighted in the manuscript.

Level of interest: An article of limited interest

Quality of written English: Not suitable for publication unless extensively edited

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests