Reviewer's report

Title: Successful transureteropyeloneostomy after heminephrectomy of a double-hydronephrotic horse shoe kidney

Version: 3 Date: 7 February 2008

Reviewer: Elijah O. Kehinde

I am familiar with the literature and believe that this case meets one of the 7 criteria for evaluation in the journal: Unexpected or unusual presentations of a disease

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is this case worth reporting?: Yes

Is the case report persuasive?: Yes

Does the case report have explanatory value?: Yes

Does the case report have diagnostic value?: Yes

Will the case report make a difference to clinical practice?: Yes

Comments to authors:

General Comments
1) There are many grammatical mistakes in the manuscript. I advise the authors to solicit the help of a professional English speaker/writer. Examples include:
   Background
   Line 5, page 2, uretero-pelvic junction obstruction (not syndrome).
   Line 9, page 2: Thus, not though
   Line 15, page 3: pelvis, not pyelon

2) The paper describes the transposition of a ureter to the contralateral side to improve the drainage of a hydronephrotic horse shoe kidney moiety.
   Most horse shoe kidneys have some degree of hydronephrosis. In the absence of significant pelvi-ureteric junction [PUJ] obstruction as confirmed by diuretic renogram, there is no need for any surgical intervention. If there is a PUJ obstruction, and the ipsilateral renal unit is functioning, then treatment options include pyeloplasty etc.
   In the case report presented, there is insufficient data provided to indicate that
the hydronephrotic left kidney was obstructed. A distinction must always be made between an obstructed hydronephrotic kidney and a non-obstructed hydronephrotic kidney. On the renogram provided (Fig 1), there were no features suggestive of obstruction of the left renal moiety. Furthermore on figure 3, even with 2 'J' stents in the left renal moiety, the kidney still showed residual hydronephrosis!

If this patient has an obstructed left renal unit, an alternative treatment is some form of ipsilateral pyeloplasty. To minimise or reduce "dead space", the Anderson Hynes type of pyeloplasty would have been ideal for this patient.

3) Other Corrections Required
Figure 2 was mentioned before Figure 1 on page 3.

Conclusion
Some statements in the conclusion are not correct, for example sentence No.2.

References
Reference number 4 is incomplete. Part of the title of the reference is missing.

Figures
Figure 1 is mostly illegible.

What next?: Revise and resubmit

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