Reviewer’s report

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

Version: 3 Date: 11 February 2008

Reviewer: mayank Mohan mohan agarwal

Has the case been reported coherently?: No

Is the case report authentic?: No

Is this case worth reporting?: Yes

Does the case report have explanatory value?: No

Does the case report have diagnostic value?: No

Comments to authors:

I am familiar with the literature and believe that this case DOES NOT meet one of the 7 criteria for evaluation in the journal. If more than one, please select the most appropriate.

NO IT DOES NOT.

Has the case been reported coherently? NO

Is the case report authentic? NO

Is this case worth reporting? MAY BE (IT VIRTUALLY NEEDS TO BE REWRITTEN)

Is the case report persuasive? MAY BE (THE MANAGEMENT SEEMS LOGICAL, HOWEVER SOME QUESTIONS NEED TO BE ANSWERED ESPECIALLY REGARDING THE FUNCTIONAL AND SYMPTOMATIC SIGNIFICANCE OF OBSTRUCTION)

Will the case report make a difference to clinical practice? MAY BE (IF IT IS A CASE OF MULTIPLE URETERIC STRICTURE-NOT CLEAR FROM THE REPORT- IT CERTAINLY IS A GOOD WAY OF MANAGEMENT. IN CASE IT IS SOLITARY LOWER URETERIC STRICTURE, IT MAY BE CONSIDERED A USEFUL ALTERNATIVE TO STANDARD URETERONEOCYSTOSTOMY)

The authors present a case report of a patient with horse shoe kidney with bilateral hydronephrosis with one non-functioning moiety. This case was managed with non-functional side nephrectomy with transureteropyelostomy to salvage other side.
General comments-

a. Retrograde ureteropyelography on both sides revealed hydronephrosis of the right part with abrogated calix structures and a sufficiently treated left ureter with distal stenosis (Figure 2). The terms in bold and italics are not clear. Figure 2 not corresponding. If I interpret this as solitary left lower ureteric stricture, then why was ureteroneocystostomy not considered? (though, transureteropyelostomy may be an acceptable option).

b. What was the functional evidence of obstruction (nuclear scan) of the functioning side. Did the patient’s pain improve after initial stenting? RGP is an anatomical study (with subjective functional component) and should be interpreted with caution unless there is high grade obstruction.

c. Authors have mentioned that prolonged (indefinite) stenting is an acceptable method for treating multiple ureteric strictures. This conveys a wrong message because in a patient without high risk of anesthesia, it is always preferable to perform a definitive procedure and NOT prolonged stenting.

d. The discussion is very poor: nearly half of it is just a repetition of methods. All references belong to description of horse shoe kidney. No discussion on treatment options for ureteric strictures. No discussion on available literature on transureteroureterostomy and transureteropyelonostomy (the accepted term is transureteropyelostomy).

e. Conclusion is vague and scientifically incorrect. It should be based on the authors’ treatment approach. As mentioned earlier prolonged stenting is NOT an acceptable modality in an anesthetically good-risk patient.

f. English needs to be extensively revised and sentences need to be reframed. These become incomprehensible at various places (e.g. Retrograde ureteropyelography with abrogated calix structures and a sufficiently treated left ureter with distal stenosis. Though assuring the patient independence from continuous ureteral stenting. Normally, in cases of heminephrectomy a supply of DJ-catheter is necessary to guarantee urine drainage without obstructioning. This can be connected with short-time or even long-time aftercare controlling hydronephrosis and ureteral stenting. In a few cases only, a life-long renunciation of ureteral catheter can be realised without cases of recurrence taking the risk of damaging the residual kidney and consecutively its function, etc.)

**What next?:** Revise and resubmit

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