Author’s response to reviews

Title: Pelvic-ureteric junction obstruction (PUJO) in the lower pole moiety of a duplex kidney with an associated intra parenchymal abscess: Case Report

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Author’s response to reviews: see over
Journal of Medical Case Reports

Dear Sir

Re:MS: 1262973033171014

Pelvic-ureteric junction obstruction (PUJO) in the lower pole moiety of a duplex kidney with an associated intra parenchymal abscess:

Case Report James Lenton and Tze Wah

Thank you for considering our manuscript and for the helpful comments from the reviewers. Please find attached our revised manuscript and the point by point response to the reviewer’s comments.

Thank you for your time.

Yours sincerely

The authors
Reviewer 1

It is an interesting case report. However it is not clear if the reported case is a complete or incomplete duplex system. The third paragraph under "discussion" appears to suggest that it is an incomplete duplex.

It is difficult to understand how the renal abscess was not identified on ultrasound or unenhanced CT. The authors have also not mentioned why an MRI + Gadolinium was the next investigation of choice. CT with intravenous contrast would have given the same diagnosis and I am not sure MRI is necessary especially with the current concern of nephrogenic systemic fibrosis associated with Gadolinium usage, but I do note that the patient's blood tests showed normal renal function and presumably normal eGFR.

Revisions Necessary for Publication:

1) The authors should clarify if the reported case is a complete or incomplete duplex system, especially after having provided a detailed discussion about it.

   **Incomplete duplex – now included**

2) In the first paragraph under "case report", the authors should emphasize the hydronephrotic system is in the LOWER MOIETY of the duplex kidney (as they have mentioned in their title and introduction).

   **This has been added to the abstract and case report**

3) Correction of spelling eg. under "introduction" paragraph 1 = congenital, under "discussion" paragraph 2 = drooping lily, and paragraph 5 = periureteric.

   **These have been corrected**
Reviewer 2

Duplex kidneys are one of the common problems seen by paediatric urologists; but adult presentation is rare. Furthermore, PUJO in the lower moiety is rare and an associated intrarenal abscess is rarer still, if not unknown.

Nevertheless, kindly answer the following queries/make changes and resubmit;

1) Abstract

Please what is the "initial investigation" and "further investigations"

Specify where is the hydronephrosis in the duplex kidney

**Lower moiety – now included**

Elaborate full form of PUJ

**Corrected**

What is the basis for saying that this is a "complication" due to the duplex anomaly? (see below)

**Duplex anomalies are associated with ureteroureteral reflux, this may be a cause of this may be the cause of the increased incidence of PUJO seen in partial duplex systems. We feel that intra-renal abscess is likely to be secondary to an infected PC system, hence a complication of the duplex anomaly.**

2) Introduction

Is their associated VUR--the case report does not mention whether a voiding cystourethrogram was performed!!!! This is an elementary investigation of any duplex anomaly. Commonly, there is either VUR or VUJO leading to an infection.

**No evidence of VUJO on nephrostogram – this has been added**

Voiding cystourethrogram not performed as VUR is commonly associated with complete duplex rather than incomplete and the distal ureter was non-dilated.

Spell check-congenital

**Corrected**

Infected PUJO - Elaborate full form, is their basis for claiming as infected (Does VCUG show VUR or MRU show VUJO?)

**Corrected.**
We do not have definite proof the collecting system was infected but this would seem the likely source for the intra-renal abscess as there is evidence of a PUJO.

3) Case report

Clarify - "hydronephrotic right kidney" which moiety?

Corrected

CT-elaborate full form

Corrected

Was the abscess not seen on US or CT?

No, even with retrospective review of the CT it is not visible

MR-elaborate full form

Corrected

"Several days antibiotics"--how many, what antibiotics?

3 days, cefuroxime – added to text

Was DMSA done?

Suggested following the nephrologogram but not requested

Did you evaluate functional obstruction by diureteric renography?

Yes, there was no significant hold up suggesting her PUJO was mild or intermitant – this has been added

When was pyeloplasty performed? Were any modifications applied to the pyeloplasty?

No surgery as now asymptomatic - added

What was the follow-up?

7 months - added

4) Discussion

Is their a reference for an aberrant artery causing an obstruction to the upper moiety?

Added.
VUJ-elaborate full form

**Corrected**

Grammar- causes of a hydrounephrotic lower moiety..... include (not includes)

**Corrected**

Spell check- periuretec

**Corrected**

"Often the diagnosis is only made in adulthood"- i think any paediatric urologist would disagree.Please give reference or retract/change the statement.

Retracted!

spell check-pyrexial?

**Correctly spelt**

Explain -- if the ureter is short then a pyeloureterostomy may be considered.Do the authors mean pyelopyelostomy?

I have rechecked to reference (surgical paper) and lower to upper pole pyeloureterostomy is quoted.