Author's response to reviews

Title: Laparoscopic pyeloplasty of a completely duplicated collecting system.

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Author's response to reviews: see over
To the Editor-In-Chief,

To the Reviewers,

Dear Sirs,

Thank you for your kind consideration to focus on our work. We carefully elaborated on your comments and believe to have substantially improved the initial draft based on your points. As you indicated, we incorporated your views into the manuscript and adhered to the suggested options.

Please find attached a complete list of responses to your questions and comments.

We do believe that the final result is worthy of your attention.

Again, thank you for the time you spent to review our paper; we are looking forward to your final decision.

Sincerely,

Konstantinos G. Stravodimos MD, PhD. Assistant Professor of Urology, 1st Urology Department, University of Athens Medical School, Athens, Greece

Theodoros Kapetanakis MD. Resident in Urology, 1st Urology Department, University of Athens Medical School, Athens, Greece
Reviewer; Dr Krishnanath Gaitonde

1. You are absolutely right about the necessity of a more detailed description of the area involving the **crossing vessels** and their relation to the ureters and pelvises. This is important information since it can prepare colleagues for an unusual anatomic presentation. Crossing vessels ran anteriorly of both ureters which originated from the upper and lower moiety respectively. During the procedure the normal upper moiety ureter was identified and carefully protected from an inadvertent accidental injury. This comment was inserted in the 3rd paragraph of the surgical technique section.

2. Concerning the **difference** of our report compared to a previous published one (Sahai et al), Sahai et al described an anastomosis near the confluence of the pelvic systems with an originating single ureter. Our case instead, demonstrates an anastomosis in one of two completely independent pelvic systems; an extensive respective comment was added in the 4th paragraph of the discussion.

3. In the 3rd paragraph of surgical technique, we added a description of the **ureteral stent insertion technique**, describing that antegrade stenting through a trocar was performed after the insertion of a guidewire through the trocar in the ureter reaching the bladder.
Reviewer; Dr Santosh Kumar

1. According to your suggestion, we modified the manuscript title into the more descriptive;

‘LAPAROSCOPIC PYELOPLASTY FOR URETEROPELVIC JUNCTION OBSTRUCTION OF THE LOWER MOIETY IN A COMPLETELY DUPLICATED COLLECTING SYSTEM; A CASE REPORT’

2-3. We do agree that laparoscopic pyeloureterostomy is an important consideration when treating these patients. A statement-plus the respective reference-underlining the feasibility of laparoscopic pyeloureterostomy in such cases was added (3rd paragraph of the discussion) so the message that laparoscopic pyeloureterostomy is an already tested and viable choice in these patients is conveyed. Pyeloureterostomy was not considered in our patient since it is usually a preferred method for incomplete duplications (10) also treating the yo-yo reflux presenting in these systems. Our case was a complete ureteral duplication without reflux and with normal upper moiety. (also 3rd paragraph of the discussion).

4. Concerning the time of double-J stent removal we agree that the optimal stenting time after pyeloplasty is still a matter of debate. Many authors would argue for different periods between 4-6 weeks. It is our standard practice to remove stents after an uncomplicated pyeloplasty in 4 weeks, as Sahai (2) did in his report. Reports of completely stentless laparoscopic pyeloplasty probably argue for the alternative of a little earlier removal time. (Shalhav AL, Mikhail AA, Orvieto MA, Gofrit ON, Gerber GS, Zorn KC: Adult stentless laparoscopic pyeloplasty. JSLS 2007; 11:8-13)