Reviewer's report

Title: Bladder augmentation with continent stoma: a surgical option by association between Mitrofanoff’s principle and Monti technique.

Version: 3 Date: 25 May 2010

Reviewer: Frank Van der Aa

Which of the following following best describes what type of case report this is?: Other

If other, please specify:

unpublished combination of surgical techniques

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is the case report ethical?: Yes

Is there any missing information that you think must be added before publication?: 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?: No

Will the case report make a difference to clinical practice?: No

Is the anonymity of the patient protected?: Yes

Comments to authors:

The authors report a case of continent vesicostomy with bladder augmentation using en combination of appendix (Mitrofanoff) and ileum (Yang-Monti).

In general, this is an interesting case. Surgeons who are familiar with this type of surgery ofter have to be inventive during their work in orde to get things right. The association of the Mitrofanoff with the Yang-Monti technique is therefore not enterily suprising. I a similar way, the "double Monti" technique puts two Yang-Monti channels in a line. The authros should mention this technique in their
manuscript. Some questions about this case remain unanswered: why does the surgeon decide to prolonge the channel with a Monti, instead of making a right fossa stoma? Why doesn't the surgeon prolong the Mitrofanoff with a stapled/tapered part of caecum? If the author decides to take a part of ileum, why doesn't he make a spiral Monti and checks if the length of this single conduit is not enough? Although no large dataseries compare these different techniques, it is expected that a mid-conduit anastomosis, certainly when you use different parts of bowel, is at risk for developing catheterization problems (stenosis or pouchlike dilatation).

P.S. the manuscript needs proofread for grammatical and typographical errors.

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