Reviewer’s report

Title: Ureteroscopy assisted retrograde nephrostomy (UARN) for lower calyx calculi in horseshoe kidney.

Version: 2 Date: 6 February 2012

Reviewer: STILIANOS GIANNAKOPOULOS

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

If other, please specify:

A novel modification of a surgical technique for managing a well-known problem

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?: No

Is this case worth reporting?: Yes

Is the case report persuasive?: Yes

Does the case report have explanatory value?: No

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:

General comments

The authors report a modification of the retrograde nephrostomy for percutaneous nephrolithotomy that was first reported by Lawson et al., in 1980s. The technique has been used for the treatment of lower pole calculi in two patients with horseshoe kidneys.

The authors’ modification includes two main points: a) the patient is placed in a modified supine position (modified Valdivia) and 2) a flexible ureteroscope is
used to assist in retrograde access.
Overall the paper is interesting since it reports the first cases of ureteroscopically assisted retrograde nephrostomy in horseshoe kidneys using the modified supine position.

Revisions necessary for publication

1) A very short description of the technique (1-2 sentences) should be included in the abstract. Otherwise the reader is unable to understand what the paper is all about by simply reading the abstract. General information like the incidence of horseshoe kidney is not necessary in the abstract and can be omitted.

2) In the section Case Presentation for case 1, immediately after the figures, the sentence “He had a history of xx at the age of xx” should be corrected.

3) In horseshoe kidney the posterior row of calyces point dorsomedially and the lateral row dorsolaterally. Therefore in antegrade percutaneous access the entry point is generally in a lower and medial position compared to normal kidneys. The authors report that in their technique the skin “entry point” is at the posterior axillary line. Don’t you think that for horseshoe kidney this gives a longer and (perhaps) “curved” access tract compared to an antegrade puncture? Add a small comment.

4) Due to downward displacement of horseshoe kidneys antegrade percutaneous upper polar access is usually achieved through an infracostal puncture which is relatively safe away from the pleura. Even if the upper calyx lies supracostally, by using a slight upward angulation of the needle an infracostal access is still feasible. Using the retrograde ureteroscopically assisted percutaneous access how can one achieve an infracostal access when the upper calyx lies above the 12th rib? Add a small comment.

5) The stone analysis in case 1 is not provided

6) The incidence of horseshoe kidney is given as 0.25% in the Introduction and as 0.025% in the Discussion. This piece of information should be given only once and correctly. I suggest eliminating it from the Discussion.

7) The ureteroscopically assisted retrograde nephrostomy obviously provides less radiation exposure than ultrasound- or fluoroscopy-assisted renal access. However the statement that it provides less bleeding and a shorter operating time is not supported by the data of this paper and I am not sure that these are true at all. I suggest eliminating “less bleeding” and “shorter procedure” from the last paragraph of the Discussion unless you can explain these in detail.

Quality of written English: Needs some language corrections before being published

Declaration of competing interests:
I declare that I have no competing interests