Reviewer's report

Title: Bilateral ureteral obstruction revealing a benign prostatic hypertrophy: one case report and literature review

Version: 1 Date: 5 October 2013

Reviewer: Konstantinos Stamatiou

Which of the following best describes what type of case report this is?: Unexpected or unusual presentations of a disease

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?: No

Is the case report persuasive?: Yes

Does the case report have explanatory value?: Yes

Does the case report have diagnostic value?: Yes

Will the case report make a difference to clinical practice?: Yes

Is the anonymity of the patient protected?: Yes

Comments to authors:

REVIEWERS REPORT

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Manuscript: Bilateral ureteral obstruction revealing a benign prostatic hypertrophy: one case report and literature review

1. Purpose of the study, scientific background and relationships to the existing literature.

Benign prostatic hyperplasia (BPH), also known as benign prostatic hypertrophy, is a histologic diagnosis characterized by proliferation of the cellular elements of the prostate. Gradual augmentation of the prostate gland may cause chronic
bladder outlet obstruction (BOO) that may lead to urinary retention, recurrent urinary tract infections, gross hematuria, bladder calculi and renal insufficiency. The last may be associated to the obstruction of the ureters.

The purpose of the study is to report a case of bilateral hydronephrosis with distal ureter obstruction caused by detrusor hypertrophy due to prostatic hyperplasia and to review the relevant literature published.

As mentioned by the authors, prostatic hyperplasia is the most frequent tumor in men after 50 years of age. In most of the cases diagnosis is posed before the onset of the serious complications and therefore BPH induced bilateral hydronephrosis has being considered a generally rare diagnosis. However, several authors showed that it is not rare at all. For example, Rafique et al demonstrated a 33,3% incidence of uni/bilateral hydronephrosis in BPH patients. Moreover, it is not known whether (and in what extend) uni/bilateral hydronephrosis is directly associated to BPH. A think-tank assembly held on the annual ICI-RS meeting in 2011 reviewed the published literature between 1966 and 2011 and concluded that many of the complications of BPH such as post-void residual, bladder diverticula or calculi, vesico-ureteral reflux, renal insufficiency, urinary retention and hydronephrosis, have a multifactorial etiology and BPH is only partially responsible. Finally, the exact mechanism of BPH related hydronephrosis formation is not currently fully understood. Regarding renal failure due to BPH related bladder outflow obstruction; it tends to be more refractory and a few patients experience return to normal renal function post treatment.

References


2) Major Comments
1. The presentation of the case is good. However, authors fail to demonstrate
whether and if this case is extremely rare.

2. BPH may directly or indirectly be responsible for bilateral hydronephrosis but conclusive evidence for BPO as the primary cause does not exist. This should be pointed out in the revised version.

3) Additional Comments
The style and presentation conform to the scientific prose and to the Journal's requirements.

The list of reference is in order. Additional references necessary to the reviewing process are provided in this report.

A) ORIGINALITY: FAIR
B) IMPORTANCE: GOOD
C) EXPERIMENTAL DESIGN & METHODS: FAIR
D) INTERPRETATION: GOOD
E) PRESENTATION: FAIR

RECOMMENDATION: MINOR REVISION REQUIRED

Quality of written English: Acceptable