Author's response to reviews

Title: Endometriosis presenting with only right side hydroureteronephrosis: a case report

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Version: 3 Date: 30 September 2014

Author's response to reviews: see over
REPLY TO REVIEWERS’ REQUESTS AND COMMENTS

Dear Editor,

You can find the answers to the reviewers’ comments and suggestions below. Some parts of the new revised manuscript were written as bold and underlined for addressing the suggestions and comments of the reviewers.

Thanks again for your suggestions and support,

Yours sincerely,

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Reviewer 1’s comments and our replies:

**Comment:** the merit of this report is the fact that the endometriosis affecting the ureter is intrinsic and that the right ureter was affected. A slide photo of the pathology involving the ureter intrinsically would support the claim.

Some redundancy is seen in describing the surgical techniques and that could be eliminated. The literature review is lengthy and need instead to focus on the main differences between common presentations and this case.

**Reply:** ‘Surgical techniques’ part has been revised and shortened depending on your advices. Second paragraph in the discussion section about theories for the formation of endometriosis was removed form the text in order to focus on the case.
Reviewer 2’s comments and our replies:

Comment: 1- Several grammatical errors are present throughout the abstract and the manuscript. Please correct them.

Reply: The manuscript was checked by a native English speaker for grammar errors and corrected.

2- In the discussion, there is confusion regarding the classical clinical picture which allows clinicians to suspect endometriosis: the authors mention vaginal discharge and bleeding, however the typical symptoms of endometriosis in general include more often dysmenorrhea, dyspareunia, infertility.

Reply: We agree to your comment. This part was revised and written bold/underlined in line 172 and 173.

3- The authors correctly mention both laparoscopic and open approach as the options to manage ureteral endometriosis but they don’t clearly state why they decided to perform the operation by open surgery.

Reply: Open surgery choice was due to lack of expertise in laparoscopic reconstructive surgery. This data was added into the text in line 197 and 198.

4- Pharmacological treatment is absolutely not indicated in case of ureteral endometriosis, particularly when a certain degree of hydrenephrosis is present!!!

Please delete all the part regarding pharmacological treatment, since it may be misinterpreted! When the authors state “There are mainly 2 described treatment
alternatives: “...” they should mean ureterolysis vs. ureteral partial resection, and not pharmacological therapy. The choice between the two alternatives is not dictated by the desire of future childbearing but rather by the possibility (or not) to shave and free the ureter from the disease. If this is possible, ureterolysis should be preferred. If not, ureteral resection is the only possibility. To preserve fertility of women it is sufficient to preserve the uterus, the ovaries and the tubes, independently from resection or not of a part of the ureter.

Reply: We agree to your comment. This data was removed from the text and paragraph dealing with medical therapy of endometriosis was revised in the new text between lines 178 and 179.

5- The largest available series in the literature about of surgical treatment for ureteral endometriosis (109 cases) should be mentioned and referenced in the article (Uccella S, et al. Fertil Steril 2014).

Reply: While preparation of this manuscript, this paper has not been published. This paper was added and cited as reference number 15 in the new manuscript.

Reviewer 3’s comments and our replies:

Comment: Please introduce the present concepts in the text, as there are additional information you should provide, some aspects important in the discussion and some important articles which should be cited:

**Reply:** This data was added into the text between lines 148 and 153. ‘’Ureteral endometriosis: clinical and radiological follow-up after laparoscopic ureterocystostomy. Hum Reprod. 2011;26(1):112-6’’ was cited as reference 8.

Reply: This data was added into the text between lines 182 and 184. Cited references are 8 and 13.


In our case..(please describe whether you suspected other endometriosis nodules during surgery and whether you performed any biopsies for endometriosis staging. Do you have any intraoperative images of the case? If not did you perform any additional postoperative exams after surgery?)
Reply: This data was added into the text between lines 148 and 153, 156 and 158. As mentioned in the text, only postoperative examination was urinary ultrasonography for evaluation of hydronephrosis.


Reply: This data was added into the text between lines 174 and 176. The reference you pointed was cited as 12 in the revised manuscript.