Reviewer's report

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

Version: 2 Date: 29 August 2014

Reviewer: Stefano Uccella

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?: Yes

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:

The present article describes an interesting case of ureteral endometriosis with an atypical presentation. The case report is concise and gives a clear and useful take-home message.

However, some criticism can be raised:

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

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.
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.

4- Pharmacological treatment is absolutely not indicated in case of ureteral endometriosis, particularly when a certain degree of hydronephrosis 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.

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).

**Level of interest:** An article of importance in its field

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

**Declaration of competing interests:**

I declare that I have no competing interests’