**Reviewer’s report**

**Title:** Spontaneous bladder rupture due to warfarin overdose: a case report

**Version:** 0  **Date:** 18 Oct 2019

**Reviewer:** AHMED MOUSA

**Reviewer's report:**

ABSTRACT - Page 2

Background

Lines (25-26): We present an unexpected association between spontaneous bladder rupture secondary to warfarin overdose case.

The authors don't mention the indication of warfarin administration. It should be presented here in the background section.

Case Presentation

Line (29): "A 77-year-old Caucasian male patient was admitted to the emergency department with abdominal pain, haematuria"

Did the authors think that, the patient with rupture bladder can presented with haematuria, or even oliguria and these manifestations lasting for three days?

I think NO, as such patient will be presented by sudden agonizing pain in the hypogastrium, often accompanied by syncope and abdominal distension, and the patient has no desire to micturate, in addition to anuria.

Lines (29-30): and decrease in the volume of urine lasting for three days.

Please mention in the abstract section, how much of the urine volume calculated each day.

Also, if the patient presented with the previous manifestations, he is considered as having acute renal failure, please justify.

Also, there will be a feasible general manifestations of warfarin overdose such as: unusual bruising, bleeding gums, epistaxis, bleeding from wounds or needle injections that will not stop.
In addition to swelling, hot or cold feeling, skin changes, or discoloration anywhere on your body; or sudden and severe leg or foot pain, foot ulcer, purple toes or fingers.

Lines (31-33): As retrovesical free fluid were seen in the ultrasound of the urine system and hematoma in bladder, abdominal computed tomography (CT) scan and cystography were performed. This sentence is unclear to the reader. Please clarify which of the above-mentioned investigations is used.

The authors should mention the type of rupture bladder, that detected by any of these investigations (i.e. intra- OR extraperitoneal rupture).

Lines (31-33): Spontaneous bladder rupture secondary to warfarin overdose were considered in the patient who also had an international normalized ratio (INR) level of >12.

The authors should specify the warfarin dosage that leads to rupture of the urinary bladder.

Did you assume that the (INR) level of any patient receiving warfarin or any similar form can reach (>12). Before it reaches this level, I think signs of active bleeding or a significant risk of life-threatening hemorrhage that require admission to the hospital will occur.

Did the authors perform a serial measurement of INR at regular intervals?

Line (37): the patient was transferred to the urology department for surgery.

Please mention the type of surgery performed for such case in the abstract section.

Line (41): "post-op"

What is meant by this word? Please specify?

Lines (43-46): Conclusion: If haematuria is detected in patients admitted to the emergency department with warfarin overdose, a careful physical examination and further examinations should be performed in order to exclude the bladder rupture.

This conclusion is not scientifically accepted and NOT satisfied to the reader; because if the patient presented with rupture bladder whatever the cause, he will be complaining of anuria (i.e. complete absence of urine production).
In addition to, sudden agonizing pain in the hypogastrium, often accompanied by syncope and abdominal distension, and the patient has no desire to micturate.

MAIN MANUSCRIPT - Page 3

Case Presentation

Lines (33-34): and decrease in the volume of urine lasting for three days.

What is the calculated amount of urine/day, during these 3 days?

Lines (34-35): The patient reported that he used clarithromycin 500 mg tablet two times a day one week ago because of acute pneumonia.

What is the relation between acute pneumonia and warfarin-induced rupture bladder??

Lines (38-39): He had no recent medical history of surgery, bladder cancer or trauma.

The authors mentioned in the background section that, Bladder rupture may be seen in case the structure of bladder wall is damaged (due to radiotherapy, chronic cystitis, bladder cancer etc.) or in case of excessive bladder retention (neurogenic bladder, pregnancy, obstructive stone, etc.).

So, what are the predisposing factors that leads to warfarin-induced rupture bladder in the presenting case?

Line (45): defence in bilateral lower quadrants. What does the authors mean by this sentence?

Line (46): His urine output was approximately 50 mL. What does this amount of urine indicate?

Lines (49-52): Posterior-anterior chest x-ray and abdominal x-ray were requested from the patient. There was no finding of free-air or perforation in the direct radiography,

The previous findings contradicting with that reported in the manuscript title and the case report itself. Please justify.

Lines (49-52): cystography was performed by use of retrovesical opaque medium. Why the authors performed cystography, inspite of ultrasound reported that: free fluid was detected in retrovesical space in FAST USG? Please Justify?

Lines (56-56): activated partial thromboplastin time (aPTT) is 83.8 sec,

Why using this test? Its only performed for patients on with unfractionated heparin therapy.
The first three rows of page 4: Therefore, abdominal CT was performed. According to the results of abdominal CT, spontaneous bladder rupture secondary to warfarin overdose was observed (Fig. 2). Why the authors performed abdominal CT in addition to the previous diagnostic investigations (i.e., pelvic ultrasonography, cystography)? Is the diagnosis being inconclusive?

Lines (3-4): Patient's INR level was measured again and the result was 1.4 and the patient was transferred for surgery.

What is the time taken to correct INR from being (12) to be (1.4), and for how long vitamin K was given?

Line (9): On the 3rd day of his post-op stay, the amount of urine output of the patient was 1600 mL. Why you are jumping to the 3rd postoperative day?

What about the amount of urine output in the 1st and the 2nd postoperative days?

Line (10): abdominal CT was performed again and the results showed no perforation finding (Fig. 3). Did you expect that you will find postoperative perforation and why if you did a good repair?

Lines (13-14): During the follow-up, his anticoagulant level was adjusted and the patient was discharged with full recovery.

For how long the patient was followed up? When the patient was discharged from the hospital?

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

No

**Does the work include the necessary controls?**
If not, please specify which controls are required in your comments to the authors.

No

**Are the conclusions drawn adequately supported by the data shown?**
If not, please explain in your comments to the authors.

No
Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

Not relevant to this manuscript

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Please indicate the quality of language in the manuscript:

Not suitable for publication unless extensively edited

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