Reviewer’s report

Title: Operative Management of Cryptorchidism: Guidelines and Reality - a 10-Year Observational Analysis of 3587 Cases

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Reviewer: Bridget Southwell

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BMC Pediatrics received 14-1-15

Hensel et al: Operative Management of Cryptorchidism:

In Germany, official treatment guidelines for the time to perform orchidopexy operations from 1999 was within the first 2 years of life and this was changed in 2009 to perform the operation in the first year. This study reviewed the age distribution of operations in 2003-8 vs 2010-12 and surveyed primary care paediatricians attitude to the time of operation. The results show very few orchidopexy operations are performed in the first year in either period and primary care providers require education on the need for early orchidopexy.

This is a well written paper. I have 3 small issues for the authors to address and a number of small edits.

1. Major Compulsory Revisions
   a. Additional data: You have reported the numbers of patients having orchidopexy and their ages. Bonney et al 2009 showed a reduction in the numbers of patients having orchidopexy operations in an Australian state over the period 1999-2006. Has there been a change in the total number of patients having orchidopexy operations in your hospitals over the 10 year period studied? [add up the numbers in each time period from table2]. How has the total population changed in this period? [just need census data on total population in the period]. So has the incidence and prevalence of total number of orchidopexy operations changed in the 12 years?[calculate from numbers having operation/total population] Add this to the results and discussion section.

   b. Interpretation: The increase in numbers being operated on at <1 year in hospitals with pediatric surgery departments is statistically significant but very small. I suggest it is more valid to emphasise how small this is, as it reflects that the surgeons have little influence on clinician behaviour. This point is made in the paper but I feel it would be stronger if the authors emphasise how small the number is rather than the fact that it is statistically different.

2. Minor essential revisions
   line 66, change “descend’ to ‘descent’
   line 75, change ‘malign’ to ‘malignant’
line 157, add “the” to start of sentence 
line 156, and ',',[comma] after ‘2008’
line 174, change ‘malign’ to ‘malignant’
line 177, add ‘small but statistically’ before ‘significant’
line 186. Add a sentence commenting’ The numbers of patients under 1 year undergoing orchidopexy is still extremely low.’
line 206, remove ‘here assessed’
line 209, remove ‘the above mentioned’, replace with ‘these’
line 239 change ‘vaginal process’ to ‘processus vaginalis’
line 252, add ‘still small numbers but’ before ‘significantly’

Table 1, column 2 row 4, is ‘intermitting’ the correct word here. The meaning of intermitting is 1. to discontinue temporarily; suspend. 2. To stop or pause. ‘intermittent’ is coming and going at intervals: not continuous. Should it be intermittent or another word, ‘cyclic’, ‘periodic’?

Table 1 column 3, row 4, add ‘e’ to end of ‘hyperactiv’ to create ‘hyperactive’.

3. Discretionary Revisions. Hutson 2-4 has reviewed this topic and discussed the mechanism of undescended and acquired undescended testis. Look at these papers for additional views on cryptorchidism and orchidopexy.


Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

'I declare that I have no competing interests’