Author's response to reviews

Title: Heavy hematuria requiring cystectomy in a patient with hemophilia A: a case report and literature review

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Author's response to reviews: see over
Dear editor and reviewer

We would like to thank the Editor and Reviewer for their insightful and constructive comments regarding the manuscript.

We have addressed their advices and question as follows:

**Editor**

**Request:** Please also ensure that your revised manuscript conforms to the journal style.

**Response:** We checked this manuscript and changed it according to this journal style.

**Reviewer**

**Request 1:** Under the "abstract", indicate briefly the conservative therapies that the patient had.

**Response for request 1:** We added some comments about contents of conservative therapies in the abstract section (Please see page 3 line 11–13)

**Request 2:** Please indicate in the abstract section that the patient had colonoscopy when he started having GIT bleeding postoperatively and angiography showed bleeding from
the small bowel anastomosis.

**Response for request 2:** We added some comments about the findings of 99mTc-Technetium-human serum albumin-diethylenetriaminepenta-acetic acid (99mTc-HAS-DTPA) scintigraphy which are used for a diagnosis of protein-losing gastroenteropathy or gastrointestinal bleeding to localize bleeding sites (Yuka Yamamoto, Eur J Nucl Med Mol Imaging 2012 Nov 5;39(11):1824-5). In our case, 99mTc-HAS-DTPA imaging showed that the extravasation of radioactive isotope was detected at the anal side of terminal ileum but not at the oral side. Colonoscopy did not revealed any bleeding site in the colon. Based on these findings, we suspected to be bleeding from the ileoileal anastomosis. (Please see page 3 line 18– page 4 line 4.)

**Request 3:** Under discussion, please mention the use of selective embolization of any major bleeding vessel prior to cystectomy in case like this.

**Response for request 3:** We added some comments about the use of selective embolization of any major bleeding vessel prior to cystectomy in the Discussion section (Please see page 9, line 12–16).

**Request 4:** Discuss briefly the role of postoperative loopogram to detect any leakage of
urine at the anastomotic site in ileal conduit before removal of ureteric stent on day 14 after ileal conduit construction.

**Response for request 4**: EAU guideline does not recommend routine use of stentograms before removal of ureteric stent after ileal conduit construction. However, hemophiliac patients have impaired wound healing, so stentograms may be required to detect leakage before removal of ureteric stent in such patients. We added some comments about necessity of stentogram in hemophiliac patients (Please see page 11, line 1–5).

**Request 5**: Please consider including a new figure 2 showing from small bowel anastomosis on angiography.

**Response for request 5**: As written in “Response for request 2”, we did not performed angiography but we performed $^{99m}$Tc- HAS-DTPA scintigraphy to detect GI bleeding sites. We added new figure 2 of $^{99m}$Tc- HAS-DTPA scintigraphy findings and made some changes to the comments of this manuscript (Please see page 8, line 2–7, and fig. 2).