Author's response to reviews

Title: Efficacy of commercialised extracorporeal shock wave lithotripsy service: a review of 589 renal stones

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Reviewer reports:

Filippo Maria Turri (Reviewer 1):

#1) pag 4 line 44 procedures WERE…

Author: Corrected.

#2) pag 6 line 7 clarify, not comprehensible. Never begin with a number;

Author: Line has been removed, was by mistake left in the document.

#3) line 11 account FOR such;

Author: Corrected.

#4) line 12 efficacy IS;

Author: Corrected.

#5) line 30 stones FOUND and many more linguistic imprecisions in the discussion part. Please review it.

Author: Corrected
#6) Check references for being correct. Ie: reference 2 one name is spelled wrongly (Danuser not Danusser).

Author: Checked

#7) Beside these minimal changes, the study seems interesting since it sheds some lights on the peculiar aspect of mobile ESWL, even if it does not add anything significant to the already existing body of literature.

Author: We kindly acknowledge the critical and in detail assessment of this manuscript.

Mino Rizzo (Reviewer 2): Extracorporeal shock wave lithotripsy (ESWL) has become a safe and accepted treatment for urinary tract stones since its introduction in the early 1980s and it was essentially limited to the management of renal and proximal ureteric stones. Improved technology in ESWL and advancement in lithotripsy design and fluoroscopic imaging has currently allowed successful identification and in situ treatment of calculi in the middle as well as the lower ureter.

In this retrospective study the author intends to demonstrate in his experience the efficency of ESWL with a mobile lithotriptor system (Storz Modulith SLK, Stortz Medical, Switzerland) in the treatment of renal stones and the need of JJ stent after lithotripsy.

Galli and al. recruited 461 patients in a period of eight years affected by renal stones. The patients selection is accurate as well as the way to study the patients in pre-operative time. The results show that, apart from the upper calyx, intra renal stone location was not associated with treatment efficacy, whereas an inverse relation was found between stone size and treatment efficacy.

This is in step with the other papers about this subject. It's very interesting the result about the need of JJ stent after lithotripsy. Indeed patients that did not require treatment with a JJ prior to ESWL had only a minimal risk of needing such treatment subsequently. Thus prophylactic placement before or after ESWL cannot be recommended.

It would be important to associate ESWL efficieny to CT attenuation value (HU) and then to stone composition apart from size and stone location like in other study ("The success of extracorporeal shock-wave lithotripsy based on the stone-attenuation value from non-contrast computed tomography", Arab J Urol. 2014 Jun; 12(2):155-161).

Statistic study is satisfying and the conclusions drawn are adequately supported by the data shown.

It's good written English.

Author: We kindly acknowledge the reviewers’ comments regarding this manuscript.