Author's response to reviews

Title: Extraperitoneal laparoscopic resection for retroperitoneal lymphatic cyst: initial experience

Authors:

Yichun Wang (wycwangyichun@163.com)

Chen Chen (604942611@qq.com)

Chuanjie Zhang (ycwang1992@foxmail.com)

Chao Qin (urology_qinchao@163.com)

Ninghong Song (songninghongauthor@163.com)

Version: 2 Date: 11 Jul 2017

Author's response to reviews:

(We will also upload the response letter as a supplementary file.) Reviewer reports: Henry Pleass (Reviewer 1): This article does not define lymphocele or describe the options of management. It is not clear, but is suggested that the lymphocele is resected, but simple drainage into the peritoneal cavity would be the standard of care and is commonly done laparoscopically. The description of the procedure is poor and perhaps a video submission would be much more effective.

Response:
First, we are quite grateful that Prof. Henry Pleass has proposed his meaningful comments on this article. Based on the advice above we have revised our manuscript.
1. This article does not define lymphocele or describe the options of management. It is not clear, but is suggested that the lymphocele is resected, but simple drainage into the peritoneal cavity would be the standard of care and is commonly done laparoscopically. We have added the definition of lymphocele to the manuscript text (Background section, line 1-5, page 4). And the options of management have just been added (Methods section, clinical information, line 4-6, page 5 & Discussion section, paragraph 2, line 1-26, page 9-10).
2. The description of the procedure is poor and perhaps a video submission would be much more effective. We have revised the expression of the surgical procedure (Methods section, operation procedure, line 1-3 & 16-24, page 6-7). About the video, it is the most understandable description of the surgery, unfortunately, we didn’t have recorded the video or photograph of the surgery 3 years ago. However, it is still meaningful to do this record word and we will preserve some digital records in the future.

Giovanni Battista Di Pierro (Reviewer 3): In this work, the author describes their experience with extraperitoneal laparoscopic resection for retroperitoneal lymphatic cyst. They show good results in terms of perioperative and functional outcomes, and complications. Overall, a lymphocele represents, by definition, a collection of lymphatic fluid not bordered by epithelial lining. It is usually a surgical complication seen after extensive surgery (such as cancer surgery) and is most commonly found in the retroperitoneal space. However, spontaneous development is rare. Therefore, considering that in the present series authors report only on idiopathic collections and histopathologic examination confirmed they are lymphatic cysts, I would suggest to edit the paper title as follows:
"Extraperitoneal laparoscopic resection for retroperitoneal lymphatic cyst: an initial experience". Again, in the whole manuscript please replace lymphoceles with cysts. M&M: Did patients undergo ureteral stent insertion perioperatively? Did follow-up protocol include a metabolic panel? Results: Please remove sentence "In these cases, the cysts located the renal hilus increased the difficulty of operation". Comments must be in Discussion section. Again, please remove sentence "During the follow-up ultrasound examination was done every 6 months to monitor the development of uronephrosis in the first year. One year later, ultrasound was done every 12 months". Methodological details must be in M&M section. Please provide mean length of follow-up. Discussion: Overall, lymphoceles diagnosis may constitute a challenge, especially when there is no previous history of trauma or surgery. Although a specific diagnostic and therapeutic algorithm is not currently established, accurate diagnosis and proper treatment are of the utmost importance for the practicing clinician. For symptomatic lesions a number of approaches are available: they include aspiration (with possible use of sclerosants) and surgical drainage. Particularly, needle aspiration has been reported as a safe and effective therapeutic alternative to surgery and it may represent a first-line treatment thanks to its minor morbidity. However, it shows a higher recurrence rate than surgery. Therefore, the latest is considered the most effective treatment, especially after failed percutaneous aspiration or drainage. However, this option has some disadvantages, such as morbidity, economic burden, and the need for longer hospitalization. Specifically, in this series cyst diameter is generally small (range: 7.5-12.0 cm). Therefore, since it has been also demonstrated that small lesions can even reabsorb spontaneously, particularly in patients with low grade hydronephrosis and no symptoms conservative management and surveillance may represent an option. In fact, in the present study all cases diagnosed with lowest grade hydronephrosis were associated with the smallest and asymptomatic lymphoceles. As such, considering also cost and risk of complications of any given treatment, in this clinical setting did authors ever propose a surveillance protocol? If not, why? In the limitations section, the limited number of patients should be included. Response: We really appreciate that this manuscript has received some recognition from Prof. Giovanni Battista Di Pierro. And professor give some vital and detailed advice to this article. We have carefully analyzed these advice point by point. Based on the advice above we have revised our manuscript. I would suggest to edit the paper title as follows: "Extraperitoneal laparoscopic resection for retroperitoneal lymphatic cyst: an initial experience". Again, in the whole manuscript please replace lymphoceles with cysts. We are very grateful for this detailed suggestion, and we have revised the title as suggested (Title section, line 1-4, page 1). Besides, the word lymphoceles has been replaced by lymphatic cyst (34 words in the whole manuscript). Did patients undergo ureteral stent insertion perioperatively? The answer is yes. All the patients underwent ureteral stent insertion preoperative and unsheathing one month after the discharge from hospital (Methods section, operation procedure, line 1-3 & 23-24, page 6-7). Did follow-up protocol include a metabolic panel? The follow-up protocol in our clinical center does not include routine metabolic panel for the fact the preoperative serum creatinine is in normal range and we have added this information to the manuscript (Methods section, clinical information, line 11, page 5). Please remove sentence “In these cases, the cysts located the renal hilus increased the difficulty of operation”. Comments must be in Discussion section. Professor have raised very good advice and we have delete this sentence (Results section, line 1-2, page 7). Again, please remove sentence “During the follow-up ultrasound examination was done every 6 months to monitor the development of uronephrosis in the first year. One year later, ultrasound was done every 12 months”. Methodological details must be in M&M section. Please provide mean length of follow-up. It is also a very detailed suggestion and