Reviewer's report

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

Version: 1 Date: 04 May 2017

Reviewer: Giovanni Battista Di Pierro

Reviewer's report:

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 lymphocele with cyst. 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.

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

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

Yes

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

Yes

**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

**Quality of written English**
Please indicate the quality of language in the manuscript:

Acceptable

**Declaration of competing interests**
Please complete a declaration of competing interests, considering the following questions:

1. Have you in the past five years received reimbursements, fees, funding, or salary from an organisation that may in any way gain or lose financially from the publication of this manuscript, either now or in the future?

2. Do you hold any stocks or shares in an organisation that may in any way gain or lose financially from the publication of this manuscript, either now or in the future?

3. Do you hold or are you currently applying for any patents relating to the content of the manuscript?

4. Have you received reimbursements, fees, funding, or salary from an organization that holds or has applied for patents relating to the content of the manuscript?

5. Do you have any other financial competing interests?

6. Do you have any non-financial competing interests in relation to this paper?

If you can answer no to all of the above, write 'I declare that I have no competing interests' below. If your reply is yes to any, please give details below.
I declare that I have no competing interests

I agree to the open peer review policy of the journal. I understand that my name will be included on my report to the authors and, if the manuscript is accepted for publication, my named report including any attachments I upload will be posted on the website along with the authors' responses. I agree for my report to be made available under an Open Access Creative Commons CC-BY license (http://creativecommons.org/licenses/by/4.0/). I understand that any comments which I do not wish to be included in my named report can be included as confidential comments to the editors, which will not be published.

I agree to the open peer review policy of the journal