Reviewer’s report

Title: Spontaneous vesicorectal fistula: A rare complication of neurogenic bladder

Version: 0 Date: 14 Sep 2019

Reviewer: John T. Stoffel

Reviewer's report:

Management of spina bifida patients can be very challenging. The authors should be commended for seeking to add to our knowledge regarding complications, rare or otherwise, that can befall this population. A strengths of this article include excellent urodynamic tracings that highlight the diagnosis. These tracings alone make the manuscript a great teaching tool regarding neurogenic bladder assessment and spina bifida. I think this case report adds to our overall knowledge by highlighting how unique presentations in these patients can be

My suggestion would be to expand the discussion to include other case reports of spontaneous fistula in the spina bifida population. I performed a quick literature review while reviewing this manuscript and identified at least 2 other cases, although not any recto-vesical fistula. A table of other spontaneous fistula in SB patients would also help a reader review management of this challenging problem and may give some insight into the outcomes regarding repairing these fistulas.

Additionally, I would suggest using the case report to highlight the value of fluro in urodynamics. I do not think this would have been identified if just a CMG was performed. The fluro imaging likely led to the retesting, which subsequently identified the fistula. I think a small section about diagnostic tools and recommendations for testing in this population would be appreciated.

Finally, my suggestion would also be to edit the recommendation that this patient could be managed only with medications after repair of the fistula. The low compliance bladder will need an augment as part of the fistula repair, if the patient chooses to move forward with surgery. The fistula likely occurred because of a combination of high bladder pressures and rectal inflammation. Repairing the fistula will cause some ischemia in the bladder repair site which could rupture again if pressures are not aggressively addressed.

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