Reviewer’s report

Title: Transurethral resection of ejaculatory duct combined with seminal vesiculoscopy for management of persistent or recurrent hemospermia in men with ejaculatory duct obstruction

Version: 1 Date: 27 Aug 2019

Reviewer: Minato Yokoyama

Reviewer's report:

This article focused on the effectiveness and safety of TURED against hematospermia with EDO. Because there are little evidences of surgery against hematospermia, this study might shed light on the treatment of hematospermia. However, there are some issues to be addressed.

Major

1. As described by the authors, hematospermia is a self-limited and non-life threatening symptom in most cases. Therefore, it rarely requires surgical treatment. Readers would be interested in the proportion of patients receiving surgery in the number of the whole patients with hematospermia, or, in other words, the number of patients with hematospermia who did not receive surgery.

2. As described, above, hematospermia is non-life threatening symptom in most cases. However, in middle-aged or older men, prostate cancer can be a cause of hematospermia. PSA value which should have been tested in those patients is to be described in the first paragraph of Results or Table 1.

3. In 7 of the 107 patients, hematospermia persisted even after the surgery. How were the additional treatments for the persistent hematospermia?

4. In the current study, patients received meticulous imaging studies such as TRUS and MRI. How was the concordance between the images and intraoperative endoscopic findings? Because this concordance might be the brand new information, it would be of great value to be reported.

Minor

1. The first sentence of the second paragraph in the Results section, i.e. "Semen analysis was performed preoperatively and 3 months after surgery on 90 out of the 103 patients. Semen analysis was performed preoperatively and 3 months after surgery on 90 out of the 103 patients", should be moved to the Methods paragraph.

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