Author’s response to reviews

Title: Clinical efficacy of submucosal injection of triamcinolone acetonide in the treatment of type II/III interstitial cystitis/bladder pain syndrome

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Author’s response to reviews:

Dear Editor and reviewers,

We are glad to get the further instructions on the manuscript "Clinical efficacy of submucosal injection of triamcinolone acetonide in the treatment of type II/III interstitial cystitis/bladder pain syndrome" (BURO-D-19-006111R1). Thanks for your kindly suggestions. I revised the manuscript carefully according to your demands and we are looking forward to your positive response. Please find the answers to the questions in the following part.

Best wishes to you.

Yours Sincerely,

Wenhao Shen M.D.

Urology Institute of People Liberation Army, Southwest Hospital, Third Military Medical University (Army Medical University),
1- were the male patients already on therapy for alpha-blockers or other drugs (i.e. phytoterapeutics)? How did you certainly rule out a concomitant bladder-outlet obstruction?

Answer: Thanks for your question. All of the 8 male patients in our study had been diagnosed with CP/CPPS and received the therapy with antibiotics, alpha-blockers and other phytotherapeutic agents. The therapeutic effect was poor. Although the urodynamics were not recommended to be regularly performed for IC/BPS patients, for one patient with the symptom of dysuria, concomitant bladder-outlet obstruction was considered and urodynamics were preformed. The maximum flow rate was 11ml/s with urinary volume 95ml and the obstruction was ruled out by pressure-flow study with normal result. The content was added in the revised manuscript. (Discussion section, line 192-195, page 10)

2- how You justify the absence of a prior intravesical treatment as Hyaluronic acid and chondroitin sulphate instillation as commonly performed in clinical practice?

Answer: Thanks for your question. Both the oral medication of amitriptyline, cimetidine, hydroxyzine, or pentosan polysulfate and intravesical treatments with Hyaluronic acid, chondroitin sulphate DMSO, heparin, or lidocaine, are recommended equally as the second-line treatment according to AUA guideline on IC/BPS. And the third-line treatments, including cystoscopy under anesthesia, fulguration and/or injection of triamcinolone for the patients presented with Hunner’s lesions, are recommended if first- and second-line treatments have not provided acceptable symptom control and quality of life or if the patient’s presenting symptoms suggest a more invasive approach is appropriate. In our study, all of the patients had been received the first-line treatment and the second-line treatment with amitriptyline, We did not take intravesical treatment as an alternative second-line treatment with the further consideration of its poor effect on the patients with failure treatment of amitriptyline according to our previous experience. Thus, we performed the third-line treatment on the patients in our study.

- line 233 discussion: change the term "surgery" to "treatment"

Thanks for your suggestion. We have revised it in the manuscript.