Author’s response to reviews

Title: Primary vaginal calculus in a woman with urogenital sinus anomaly: A case report

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Author’s response to reviews:

Editor, BMC urology

Dear Editor

We are truly grateful to the reviewer and editorial comments and suggestion, and the itemized response to the reviewer and editorial comments is attached. Many thanks for your suggestion. I am so sorry to bring you so much trouble because of our careless. We have made careful modification on the original manuscript. All changes made to the text are in red. We hope the new manuscript will meet your magazine’s standard.
Thanks very much again for your attention to our paper again, thank you for your help to our paper processing.

Reviewer 1: 1. Did you perform VCUG, which show the accurate length of ureter, and ureter and vaginal common channel?
Response: No VCUG was performed on the patient. The length of ureter and vaginal common channel was measured on MRI (See line 13-18 from top, Case presentation). The length of urethral was estimated by the insertion depth of the catheter when the urine was discharged. It has been modified (See line 34-35 from top, Case presentation).

Reviewer 1: 2. You say ' A urethral catheter was inserted into the single orifice through the opening for approximately 70mm, and no urine flow was observed.' Does this single orifice mean a single orifice on the urogenital region located where the urethra would be expected? or vaginal orifice? At that time, did you perform any Urethrography?
Response: It has been revised. (See line 9-10 from top, Case presentation). We did not perform a urethrography.

Reviewer 1: 3. Did you perform the stone analysis?
Response: Unfortunately, there was no analysis of the stone.

Reviewer 1: 4. Please explain the details of urethroplasty.
Response: Added. (See line 40-44 from top, Case presentation)
Reviewer 2: 1. It has been thought that there may be a relationship with mental state and mobility in cases previously reported in the literature. Provide more explicit information about mental state and mobility in your case.
Response: Added. (See line 3 from top, Case presentation)

Reviewer 2: 2. Is an accompanying anomaly search done?
Response: Because of CT, MRI and ultrasound examination, the preoperative diagnosis was clear. Therefore, only hysteroscopy was used to explore the uterine cavity during the operation. The endometrium was thin and no other abnormalities was seen. The original manuscript still has been modified, in which the changes are clearly marked in red (See line 13-18 and line 35-36, Case presentation)

Thank you for your attention in processing the manuscript and we are looking forward to your favorable decision. Correspondence should be addressed to Yu Zou at the following address and email address.

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Sincerely yours

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