Author's response to reviews

Title: Treatment of upper urinary tract stones with extracorporeal shock wave lithotripsy (ESWL) Sonolith vision

Authors:

Motoi Tobiume (motoi@aichi-med-u.ac.jp)
Kogenta Nakamura (kogenaka@aichi-med-u.ac.jp)
Masahiro Narushima (mmte-102@qf6.sonet.ne.jp)
Takahiko Yoshizawa (tkahiko@aichi-med-u.ac.jp)
Genya Nishikawa (gechari@aichi-med-u.ac.jp)
Yoshiharu Kato (yoshiharu@aichi-med-u.ac.jp)
Remi Katsuda (remi@aichi-med-u.ac.jp)
Kenji Zennami (zenken@aichi-med-u.ac.jp)
Shigeyuki Aoki (shige3923@aichi-med-u.ac.jp)
Yoshiaki Yamada (yy1124@aichi-med-u.ac.jp)
Nobuaki Honda (uro@aichi-med-u.ac.jp)

Version: 3 Date: 14 August 2011

Author's response to reviews: see over
Dear Christna Chap, PhD, Executive Editor, BioMed Central

I am resubmitting my article entitled “Treatment of upper urinary tract stones with extracorporeal shock wave lithotripsy (ESWL) Sonolith vision” to BMC Urology. I found the reviewers’ comments intriguing and helpful. The reviewers addressed numerous points that we have revised (see response to reviewers’ comments). We have revised the manuscript according to the comments. In addition we have included a point by point response to each comment made by each reviewer. I hope you look favorable upon this manuscript.

If you should have any questions or concerns, please do not hesitate to contact me.

Sincerely yours,

Kogenta Nakamura, M.D., Ph.D.
Response to reviewers comments

Christian Seitz review

Major Compulsory Revisions
1) Please state whether this was a retrospective or prospective study in the abstract and material section.

We added retrospectively on abstract.

2) Radiolucent stones might be targets for dissolution therapy. Please comment.

We think that dissolution therapy was not effective for radiolucent stones.

3) The authors state that treatment efficacy was evaluated by KUB or ultrasound. Ultrasound is not a reliable method for excluding residual stones. Please comment.

If the patient had residual stones, ultrasound might show hydronephrosis. So, we evaluate the efficacy by ultrasound.

4) A residual fragment of 4mm or less in the ureter should be considered an effective treatment. Please comment.

Because a residual fragment of 4mm or less could be discharged by themselves.

Minor Essential Revisions
5) Why did patients receive atropine sulfate prior to therapy?

The object is to lower the parasympathetic action.

6) How many patients harboured x-ray negative stones?

14 patients.

7) Did the authors use medical expulsive therapy for facilitating stone expulsion?

No, we did not.

8) Was power ramping applied during ESWL?

No, it was not.
9) The last sentence in the discussion section (Whether ESWL induces Hypertension or diabetes) is not related to the study and therefore, should be deleted.

*We deleted the last sentence.*

**Faruk Yencilek review**

**Reviewer's report:**

1) There are generally some grammatical errors. They should be corrected.

*This manuscript was checked by a native English speaking colleague.*

2) Authors should explain why they applied to eswl more than five sessions.

*We explain this conclusion section. The patients do not wish to undergo TUL.*

3) The success rate of the ureteral stone must be stratified. For example, smaller than 4 mm, between 4-10 mm, and greater than 10 mm. So, it can increase the scientific quality of the study.

*We understood what you say. But we consider that it’s not necessary success rate of stone size.*

3) In discussion section, limitation should be added.

*We added this sentence.*

*But, for greater than 10mm stones, it is sometimes difficult to treat by ESWL monotherapy. So, it’s necessary ESWL and TUL combination therapy.*

**Editorial request:**

-Copy-editing

We recommend that you ask a native English speaking colleague to help you copyedit the paper.

*This manuscript was checked by a native English speaking colleague.*