

Peer Review File

Article Information: Available at <http://dx.doi.org/10.21037/tau-20-593>

Comment 1: We suggest the authors add “Deflux” as one of the key words too.

Reply 1: We accept your suggestion, and Deflux should be one of the key words.

Changes in the text: On line 44, “Deflux” has been added as one of the key words.

Comment 2: Please add take-away lessons from this case regarding checklist 3d.

Reply 2: We accept your suggestion, and modification has been made on line 40-42.

Changes in the text: On line 40-42, “Transurethral bladder neck injection of Deflux can be a first-line treatment for retrograde ejaculation, and natural conception is possible thereafter.” has been added as take-away lessons.

Comment 3: Why this case is unique should be highlighted in Introduction too. Please add literatures to prove what is unique of this case in Introduction regarding checklist 4. We failed to find it on line 51~54.

Reply 3: The authors modified the manuscript to clarify the uniqueness of this case. And we are astonished and sorry that there is incorrect information on previous line 131. Two factors make this case unique. This article first reports a patient with idiopathic retrograde ejaculation not only restored antegrade ejaculation, but also successfully fathered a child naturally after transurethral bladder neck injection of Deflux.

Changes in the text: On line 53-60, line 137-138, line 150-153 and line 167-169, uniqueness has been stated and the references have been rescheduled.

Comment 4: It is contradictory to see that the authors mentioned in abstract “the authors described the first restoration of antegrade ejaculation and followed conception of the spouse after transurethral bladder neck injection of Deflux” while in case presentation “According to the published articles, injection of Deflux, a viscous collagen, to the bladder neck may restore antegrade ejaculation for the patients with retrograde ejaculation”. If this method has already been proved by previous peers, then what is unique of this case? As we can see in discussion that, it’s unique mainly may due to it’s the first case in China? Please clarify this in abstract and highlight what is unique of this case.

Reply 4: As replied in Reply 3, we are astonished and sorry that there is incorrect information on previous line 131. Two factors make this case unique, the first is restoration of antegrade ejaculation and the second is followed natural conception. According to previous reports, antegrade ejaculation can be achieved. But whether the patients with restoration of antegrade ejaculation can achieve natural conception or not has not been answered. This case achieved natural conception answered this question and makes transurethral bladder neck injection of Deflux more valuable in dealing with retrograde ejaculation. The uniqueness of this case is that in previous reports, only antegrade ejaculation instead of natural conception has been reported.

Changes in the text: On line 53-60, line 150-153, and line 167-169, modification has been made.

Comment 5: Please provide more detailed information regarding relevant past interventions with outcomes. For example, it's mentioned "medicine prescribed by a local hospital didn't restore normal ejaculation.", what's the exact medicine, dose and duration?

Reply 5: We accept your suggestion, and the exact medicine, dose and duration is Midodrine hydrochloride 2.5 mg three times daily for one month.

Changes in the text: On line 66-69, modification has been made.

Comment 6: Please draw a figure/timeline regarding checklist 7.

Reply 6: We accept your suggestion, and timeline is in Figure 1.

Changes in the text: A timeline has been drawn in Figure 1. Previous Figure 1 is Figure 2 now.

Comment 7: Please provide information regarding checklist 9b in detail. For example, it's mentioned "Two mL Deflux was injected equally to 5 points around the bladder neck submucosally". We're quite confused about the dose by such description. Dosage, strength, duration is all essential information.

Reply 7: We accept your suggestion, and details of the injection has been stated on line 86-89.

Changes in the text: On line 86-89, "A total of two mL Deflux was injected equally into the bladder neck at clock positions of 2, 4, 6, 8 and 10 o' clock under cystoscopy in 5 minutes. The needle tip was completely immersed into the submucosa. Mucosal bluge was observed during injection." has been added to replace the previous text.

Comment 8: Discussion of strengths and limitations should be better organized. Besides, we failed to see discussion of limitations associated with THIS CASE on line 151~166. We don't think the mentioned "Incomplete antegrade ejaculation or poor sperm activity might contribute to infertility of the 12 patients. And the fertility of spouses has not been evaluated" is appropriate to be discussion of limitation of this case (they are previous cases!).

Reply 8: We accept your suggestion, and modifcaiton has been made to illustrate the strengths and limitations of this tenique on line 178-182.

Changes in the text: "Transurethral bladder neck injection of Deflux, a minimally invasive technique, can make natural conception possible, save medical expenses, and avoid discomfort of assisted reproductive technology. There are a few limitations in this technique. As a transurethral technique, it may induce lower lower urinary tract symptoms and long term follow up has not been accomplished." has been added to line 178-182.

Comment 9: The present manuscript needs language editing by a native speaker.

Reply 9: We accept your suggestion, and modifcaiton has been made in the main document.

Changes in the text: Modifcaiton has been made in the main document.

Comment 10: Please make sure "LIANG" in figure 1 does not show or imply any patient information.

Reply 10: We are sure that “LIANG” stands for one of the authors named “Xiao-ning Liang”. The authors decided to erase “LIANG” from the figure to avoid any misunderstanding.

Changes in the text: Modification has been made in Figure 2.