

Peer Review File

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Reviewer A

A certainly interesting case report with some pertinent learning points. I do have concerns however which should be addressed if publication is considered

Comment: Writing quality: The manuscript requires significant English language edits and in various sections is colloquial in its language

Reply: Thanks for reviewer's comments. We have resorted to an English editing service for language polish (see all the text in the revised manuscript).

Changes in the text: All the words in the revised manuscript.

Format:

Comment: I would recommend the authors utilise the SCARE criterion for reporting surgical case reports as this is more relevant than the CARE criteria

Reply: Thanks for reviewer's advice, and we have presented this case in accordance with the SCARE reporting checklist and uploaded it as an attachment, in addition to the CARE checklist which were necessary in light of *Guidelines for Authors*

Changes in the text: The SCARE checklist was uploaded as an attachment.

Content

Greater depth of information is required regarding:

Comment 1: Surgical history including the details regarding the initial vasectomy and when / what techniques were undertaken

Reply 1: Thanks for reviewer's comments. We have reviewed the surgical records of this patient. The surgeons in the local hospital used scalpel vasectomy technique to isolate the vas deferens and bilateral vas deferens were excised approximate 0.6cm by tissue scissors, and the two ends were ligated by silk sutures and cauterized by electrocautery, which were all performed under local infiltration anesthesia.

Changes in the text: We have supplied more detailed information about the patient's surgical history (see Page 4, line 82-85), previous imageological examination(see Page 4-5, line 86-89) and some more details about this operation(see Page 5-6, line 105-112).

Comment 2: Investigation results need to be formally listed and "normal" is not an accepted statement regarding reporting these values

Reply 2: Thanks for the reviewer's suggestion. We have supplied all the important laboratory tests detailed results, especially the tests about tumor marker (eg. AFP, β – hCG and LDH).

Changes in the text: We have added exact value of the important laboratory tests in our manuscript (see Page 5, line 92-98)

Comment 3: Further detail of type of medical treatments and dosages should be included

Reply 3: Thanks for the reviewer's suggestion. We have modified the NSAIDs as

ibuprofen and added the dosage of ibuprofen, which may be more useful for clinical practitioners and readers.

Changes in the text: We have modified the NSAIDs as ibuprofen(see Page 3, line 52) and added the dosage of ibuprofen(see Page 5, line 101-102)

Comment 4: Further detail should be provided regarding the surgical technique and intraoperative findings

Reply 4: Thanks for reviewer's comments. We have added some details about the surgical technique (eg. How to isolate this lesion; how to manage the proximal end again.) and the findings in our operation.

Changes in the text: We have added the some details about this surgery (see Page 5-6, line 105-112)

Comment 5: Discussion should include theory regarding the parthenogenesis of the formation of these lesions and causative correlations should be drawn from urological manifestations rather than possibly unrelated fields of practice (ie Burns and diathermy correlations)

Reply 5: Thanks for the reviewer's comments. We have reviewed the literature about the pathogenesis and pathophysiological mechanisms about painful nodules after vasectomy. We have combined the pathogenesis/pathophysiological mechanisms with the clinical manifestations of this lesion and rewrote this part in Discussion under the guidance of the reviewer.

Changes in the text: We have summarized the pathogenesis/pathophysiological mechanisms of this lesion and rewrote this part in Discussion (see Page 8, line 162-173)

Reviewers B

An interesting case highlighting the post-operative course of scrotal surgery, known by its frequent complications affecting QoL. It's important to mention that surgeons have to deal carefully with such a situation, mainly after a « functional » surgery in this case (vasectomy).

However, some points are to mention after my lecture:

-Comment 1: Written English has to be improved. There are some grammatical formulae and terms that authors have to revise by an English-speaking practitioner.

Reply 1: Thanks for reviewer's comments. We have resorted to an English-speaking practitioner and an English editing service company to polish the words of this manuscript.

Changes in the text: All the words in the revised manuscript.

-Comment 2: The patient had Ibuprofen for two months. Any explanation for such a long symptomatic medication? (initial refusal of surgery?)

Reply 2: Thanks for the reviewer's question. To be frank, we really want the patient to take the Ibuprofen only for 2-4 weeks at the beginning, while I have found some clues in literature and the textbook of Campbell-Walsh Urology, which suggested that a conservative course of therapy including NSAIDs should be considered for ≥ 3 months before proceeding with more invasive therapies. Therefore we recommended

the patient to take NSAIDs for 3 months during the diagnosis and treatment, but the patient asked for surgery treatment to alleviate the pain after 2 months. That's why the patient had taken Ibuprofen for 2 months. We have presented reference literature in the section of Reference (6. Tandon S, Sabanegh E, Jr. Chronic pain after vasectomy: a diagnostic and treatment dilemma. *BJU Int* 2008;102:166-9.)

Changes in the text: Temporarily not modified. The details about the reference literature and the textbook as below: Tandon S, Sabanegh E, Jr. Chronic pain after vasectomy: a diagnostic and treatment dilemma. *BJU Int* 2008;102:166-9. Sandlow JI, Winfield HN, Goldstein M. Surgery of the scrotum and seminal vesicles. In Wein AJ, Kavoussi LR, Novick AC, Partin AW eds, *Campbell-Walsh Urology*, 9th edition. Philadelphia: WB Saunders, 2006: 1103–9.

-Comment 3: During the two months medication by Ibuprofen, with persistent symptoms, do you believe that it would have been more rational to perform other explorations (mainly scrotal MRI, as malignancy can't be ruled out at this stage, and Doppler is strictly normal).

Reply 3: We sincerely thank you for the careful reading and very valuable suggestion, and we apologize that we did not supply any information about the MRI in initial our manuscript at the beginning, for no MRI imaging data is available (only MRI imaging report available). It was really irrational if one with persistent symptoms did not undergo other imaging examinations except ultrasound. Therefore, we truthfully supplied information about the MRI examination report in the local hospital and it seemed reasonable to observe the effect of drugs for 2 months with the near-term MRI, ultrasound and normal value of hCG, AFP and LDH

Changes in the text: We have added the MRI information in the manuscript (see Page 4-5, line 86-89)

- Comment 4: Concerning surgical aspects in this case : authors should clarify if surgical approach was scrotal or inguinal (once again, malignancy isn't formally excluded pre operatively) / More surgical finding should be mentioned : mainly the testis aspect macroscopically.

Reply 4: We sincerely thank you for the careful reading. The surgical approach is scrotal and we have added the informations about the surgical incision and other findings in the operation. Due to the lack of MRI information in the initial manuscript, it seemed more rational to take a inguinal incision, for malignancy cannot be excluded. We apologize for our negligence. It seemed to be a benign lesion preoperatively under the guidance of 4 years of steady pain symptom, short-term MRI examination, ultrasound and the normal laboratory tests.

Changes in the text: We have added the information about the surgical approach (see Page 5, line 105-107) and added more surgical details and surgical findings (see Page 5-6, line 105-112).

- Comment 5: It would have been more indicative if you added an operative specimen with the figures.

Reply 5: Thank you so much for your comments. We should apologize that we really thought it was a common sperm granuloma preoperatively, meanwhile it did not seem to be distinguishable from a sperm granuloma in the operation. Therefore it is pity that there were no photographs or specimen figures we took.

Changes in the text: Temporarily not modified.

- **Comment 6:** In the discussion, you developed well the radiological aspects of such a rare condition. Are there any recent papers talking about haemangioma in US contrast?

Reply 6: Thanks for the reviewer's comment. We have added some informations about the haemangioma on contrast-enhanced ultrasound(CEUS), which could make the article more complete in the section of Discussion.

Changes in the text: We have added the information about the haemangioma on contrast-enhanced ultrasound(CEUS) (see Page 7, line 144-150)

-**Comment 7:** Concerning the relationship with cauterization, I believe that you have to develop more the supposition: you made it in correlation to only one case, with a different mechanism and in a different anatomical area. Are there any other data in the literature to strengthen the hypothesis?

Reply 7: Thanks for the reviewer's comment. Perhaps it was really necessary to supply more data to strengthen the hypothesis. So we reviewed some literature and found several brain haemangioma occurred in patients' normal cerebral areas after radiotherapy for malignancy. Therefore, we boldly hypothesized that the haemangioma might be associated with thermal injury caused by a burn, radiation or electrotome cauterization. Due to lack of sufficient haemangioma cases, this hypothesis need to be proven by basic research or cohort studies in the future.

Changes in the text: We added some cases to strengthen our hypothesis in addition to figure haemangioma (see Page 9, line 184-186)