

## Peer Review File

**Article information:** <https://dx.doi.org/10.21037/tau-21-535>

Reviewer A

1) Response to comment 1: “In case section, line 100, please state which tuberculosis medications patient was treated with.”

Reply 1: I am sorry that this part was not very clear in the original manuscript. The patient was treated with Isoniazid, Rifampin, Pyrazinamide and Ethambutol for the first 2 months, then Isoniazid and Rifampin for the last 4 months.

Changes in the text:

Line 88-90, “(Isoniazid, Rifampin, Pyrazinamide and Ethambutol for the first 2 months, then Isoniazid and Rifampin for the last 4 months)” was added.

Line 161-163, “(Isoniazid, Rifampin, Pyrazinamide and Ethambutol for the first 2 months, then Isoniazid and Rifampin for the last 4 months)” was added.

2) Response to comment 2: “Line 102 - states patient had normal renal function, but Cr is 1.41 and later stated GFR is low. Please fix. Patient has renal dysfunction already, making more of an argument for surgical management with an augmentation.”

Reply 2: I am sorry that this part was not very clear in the original manuscript.

The normal range of Cr is 0.498-1.505 in our hospital. As for diuretic renal scan in our hospital, normal arrange in total is  $\geq 68$  ml/min, normal arrange of one side is  $\geq 34$  ml/min. A  $^{99m}\text{Tc}$ -DTPA renal scan showed the drainage of the bilateral collecting system was not impaired and that glomerular filtration rate of right kidney was 37 ml/min, compared to 43 ml/min on left kidney. So, the total renal function and the split renal function could meet the criterial for the urinary tract reconstruction.

Changes in the text:

Line 93, “(Normal range: 0.498-1.505)” was added.

Line 105, “normal arrange of one side:  $\geq 34$  ml/min” was added.

3) Response to comment 3: “In results, please mention kidney function at follow up, ideally at 1 year”

Reply 2: I am sorry that this part was not very clear in the original manuscript. We have collected the data of patient during the 13-month follow-up. The serum creatinine was 1.41 mg/dl (Normal range: 0.498-1.505) and the volume of the neobladder increased to 480 mL at 13 months postoperatively. In addition, the peak flow rate was 17.2 ml/s at 13 months after surgery.

Changes in the text:

Line 178-182, “The serum creatinine was 1.41 mg/dl (Normal range: 0.498-1.505) and the volume of the neobladder increased to 480 mL at 13 months postoperatively. In addition, the peak flow rate was 17.2 ml/s at 13 months after surgery.” was corrected.

4) Response to comment 4: “Aside from the discussion, there are grammatical errors throughout. Please address.”

Reply 2: Thank you for your advice. We have made the English Language Editing by native English speaker. And the certificate of the English editing is attached.

5) Response to comment 5: “The figures are quite helpful”

Reply 2: Thank you for your appreciation.

Special thanks to you for your comments.

Reviewer B

Special thanks to you for your comments.

Reviewer C

1) Response to comment 1: “Overall, quality of written English was not acceptable. The author should help of a native English speaker prior to submit the manuscript and make more concise this manuscript.”

Reply 1: Thank you for your advice. We have made the English Language Editing by native English speaker. And the certificate of the English editing is attached.

2) Response to comment 2: “The title is unclear. The authors should revise this point.”

Reply 2: I am sorry that this part was not very clear in the original manuscript. We have made modification in the original manuscript.

Changes in the text:

As for title, “Management of tuberculous contracted bladder with bilateral duplex collecting system: a case report with modified robotic urinary tract reconstructive surgery” was corrected.

3) Response to comment 3: “On line 51, when did the patient had occurred these urination symptoms.” for a period of 2 years” is unclear.”

Reply 3: I am sorry that this part was not very clear in the original manuscript. We have made modification in the original manuscript.

Changes in the text:

Line 41 and 84, “at her 17-year-old” was added.

4) Response to comment 4: “On line 55, “A specially designed.....complications” is very difficult to understand for the reviewer. The authors should revise this sentence.”

Reply 3: I am sorry that this part was not very clear in the original manuscript. We have made modification in the original manuscript.

Changes in the text:

Line 45, “This is a modified urinary tract reconstructive method, including resection of the end of the duplex ureters and diseased contracted bladder with preservation of the proximal urethra and bladder neck, ileal harvesting and IUPU strategy to reconstruct an ileal neobladder, uretero-ileal anastomosis and neobladder-bladder neck anastomosis.” was corrected.

5) Response to comment 5: “On line 61, “during 1-year follow up” is correct? After

surgery?”

Reply 3: I am sorry that this part was not very clear in the original manuscript. We have made modification in the original manuscript.

Changes in the text:

Line 51, “after surgery” was added.

6) Response to comment 6: “On line 73, “The kidney is ..... direct extension” is unclear.”

Reply 3: I am sorry that this part was not very clear in the original manuscript. The kidney is usually the primary site of urinary tuberculosis, while other parts of the urinary tract are affected by direct extension through urine. We have made modification in the original manuscript.

Changes in the text:

Line 62-64 “The kidney is usually the primary organ involved in urinary tuberculosis, while other parts of the urinary tract are affected by direct extension through urine.” was corrected.

Special thanks to you for your good comments.

2. List of amendments:

1) Line 88-90, “(Isoniazid, Rifampin, Pyrazinamide and Ethambutol for the first 2 months, then Isoniazid and Rifampin for the last 4 months)” was added.

2) Line 161-163, “(Isoniazid, Rifampin, Pyrazinamide and Ethambutol for the first 2 months, then Isoniazid and Rifampin for the last 4 months)” was added.

3) Line 93, “(Normal range: 0.498-1.505)” was added.

4) Line 105, “normal arrange of one side:  $\geq 34$  ml/min” was added.

5) Line 178-182, “The serum creatinine was 1.41 mg/dl (Normal range: 0.498-1.505) and the volume of the neobladder increased to 480 mL at 13 months postoperatively. In addition, the peak flow rate was 17.2 ml/s at 13 months after surgery.” was corrected.

6) As for title, “Management of tuberculous contracted bladder with bilateral duplex

collecting system: a case report with modified robotic urinary tract reconstructive surgery” was corrected.

7) Line 41 and 84, “at her 17-year-old” was added.

8) Line 45, “This is a modified urinary tract reconstructive method, including resection of the end of the duplex ureters and diseased contracted bladder with preservation of the proximal urethra and bladder neck, ileal harvesting and IUPU strategy to reconstruct an ileal neobladder, uretero-ileal anastomosis and neobladder-bladder neck anastomosis.” was corrected.

9) Line 51, “after surgery” was added.

10) Line 62-64 “The kidney is usually the primary organ involved in urinary tuberculosis, while other parts of the urinary tract are affected by direct extension through urine.” was corrected.