Peer Review File

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Reviewer A

This is an interesting case report. Those are indeed rare cases of device chronic infection. However, I believe you should develop some point.

Comment 1: You should be helped by an English-speaking translator. There are indeed some misspellings and syntax errors.
Reply 1: Thank you for this feedback. All grammatical errors have been addressed.
Changes in the text: Page 3, lines 52-54 and Page 4, line 81

Comment 2:
First patient:
- What was his bladder voiding management? Spina Bifida patients using CIC with a bulbar cuff are more likely to develop cuff erosion.
Reply 2: Thank you for the comment, this is a good consideration. This has been addressed with the following.
Changes in the text: Page 1, lines 17-18 "He had been managing his bladder by cycling the cuff and had not required intermittent catheterizations."

Comment 3:
-Why did do you choose an augmentation cystoplasty with bladder neck closure? An AUS replacement with a periprostatic cuff would allow endoscopic access to the bladder, safer CIC, and continence.
Reply 3: Thank you for this feedback. A replacement AUS would be a good option in many similar patients, however due to this patient's heavily trabeculated bladder and detrusor instability, a repeat AUS was felt to have a low probability of long-term success.
Changes in the text: Page 2, lines 28-29: "however due to this patient's heavily trabeculated bladder and detrusor instability, a repeat AUS was felt to have a low probability of long-term success."

Comment 4:
Second patient - You do not mention the urethral sling. Was it involved in the device infection? Did you have to remove it?
Reply 4: The device was not visualized due to the extensive fibrotic reaction surrounding the corpus spongiosum.
Changes in the text: Page 2, lines 43 – 44, "Due to the extensive fibrotic reaction surrounding the corpus spongiosum, the prior sling was not identified."

Comment 5:
-Has he received radiotherapy for his prostate cancer?

Reply 5: He did not receive radiotherapy for his cancer, just surgery, as noted on page 2, line 32-33.
Changes in the text: Page 2, line 34 added "Upon presentation, he remained disease free and pelvic radiation naïve."

Comment 6:
- Can you be more specific about the "modified primary closure with mucosal advancement"?
Reply 6: Thank you for the feedback. We have edited the description.
Changes in the text: Page 2, lines 49-50 "A primary closure with mucosal advancement was performed to preserve the urethral lumen diameter." Changed from "modified primary closure with mucosal advancement was performed to increase the urethral lumen diameter."

Comment 7:
With such a severe perineal infection, there is a high risk of post-operative urethral stricture. Have you planned any cystocopy or VCUG before planning the AUS replacement?
Reply 7: Thank you for this feedback. The patient is scheduled for a cystoscopy prior to the next procedure.
Changes in the text: Page 3, line 48-49 "The patient is scheduled for **a cystoscopy and will undergo** an AUS placement eight months after **device** explantation"

Comment 8:
It would be interesting to question risk factors for this extensive calcification of the urethra, based on your patients' medical history.
Reply 8: Thank you for the feedback. The risk factors for this extensive calcification are unknown. This is addressed on page 3, lines 55-56, "It is not known, however, which factors predispose patients with erosion to develop a chronic process." With such a rare condition, the authors do not believe there is enough information to propose risk factors for this extensive calcification.
Changes in the text: n/a

Reviewer B
Comment 9:
The images of the case are interesting, but there are no new information in this paper
Reply 9: Thank you for this feedback. The authors believe that the cases presented in this manuscript provide urologists with information about an uncommon, but important presentation of a complication of an AUS. This condition is important for urologists to be aware of, and this manuscript demonstrates how to condition is managed by an expert in reconstructive urology.
Changes in the text: n/a

Comment 10:
The abstract is poor

Reply 10: Thank you for the feedback. We have edited the abstract to improve the grammar and information conveyed.
Changes in the text:

- Abstract, line 2-3 added: “We present a case report of two patients with AUS cuff calcification…”
- Abstract, line 3 deleted: “This paper presents two patients who presented as such”
- Abstract, line 4 “erosion of the urethra” changed to “erosion into the urethra”

Comment 11:
I suggest that the authors put the figures together as a plate. The legends of the figures are very poor, the clinical information of the patients is missing. In the figure 1 the blue arrows need to be reviewed.
Reply 11: Thank you for this feedback. The captions of the figures have been revised to include pertinent clinical information.
Changes in the text:
Figure 1:
A) A perineal dissection has been carried down to the urethra. The bulbospongiosus muscle is retracted laterally with yellow hooks. The urethra has been mobilized and a vertical urethrotomy performed to extract the calcified and eroded AUS cuff. B) Explanted AUS cuff with extensive dystrophic calcification