

Peer Review File

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Reviewer 1

Comment 1: “bladder mass owing to cesarean scar pregnancy”. This needs revising. Does the author mean that the bladder mass was discovered during a Cesarean delivery? And the patient was seen in the urology unit a month after?

Response: Thanks for your valuable comments. The patient had a miscarriage due to scar pregnancy and a bladder mass was found by preoperative CT examination. One month after the operation, she came to our department. (we modified the expression and grammar problems. Page 2, line 33 to 35).

Comment 2: The tube and catheter “were pulled out” advise revising this to “removed” to indicate this was not accidental.

Response: Thanks for your suggestion. The retropubic drainage tube and catheter were removed 7 days and 8 days after the operation respectively. (we have modified our text as advised. Page 3, line 49).

Comment 3: The authors state “the patient achieved clinical recovery and was discharged one day later” what does achieved clinical recovery mean? Advise revising that statement.

Response: Thank you for your comment. In addition, the patient achieved good recovery and was discharged one day later. (we have modified our text as advised. Page 3, line 50).

Comment 4: After discussing the histology findings; the authors stated the diagnosis of schwannoma was supposed. “Supposed” suggest this was a diagnosis of assumption and without certainty, and that the diagnosis could be something else.

Response: Thanks for your advice. HE staining and immunohistochemical results confirmed that it was schwannoma. (we modified the expression. Page 4, line 57)

Comment 5: The authors state it was a pity that ultrasound was not performed but did not explain why and how will that change the management.

Response: Thank you for your thoughtful comment. According to the blood flow and echo of color ultrasound, combined with CT and cystoscopy, the nature of the tumor can be more clearly defined before operation.

Comment 6: The authors stated that radiotherapy has certain effect without elaborating.

Response: Thank you for your thoughtful comment. Radiotherapy is already a treatment option for schwannomas in other sites, such as vestibular schwannoma. We have reviewed all the literature on bladder schwannoma up to now, the effect of

radiotherapy has not been clearly described. (we have modified our text as advised. Page 7, line 114 and 115)

Comment 7: In the conclusion; the authors recommend long term follow up due to the risk of malignant transformation; the authors did not provide any case of this in the discussion.

Response: Thank you for your comment. As explained in the discussion (Page 7, line 109 to 114), the French patient had a tumor recurrence 6 months after operation, and the follow-up showed that the tumor gradually increased, and the patient's current physical condition was unknown, so long-term follow-up was necessary.

Reviewer 2

Comment 1: Schwannomas are typically benign growths. How frequently did you survey with cystoscopy and ultrasound? I suspect only minimal surveillance would be necessary.

Response: Thanks for your valuable comments. We recommend that cystoscopy and color ultrasound should be reexamined every 6 to 12 months. Due to the poor compliance of the patients, there is only one reexamination.

Comment 2: Was the patient having any lower urinary tract symptoms? Is there any family history of neurofibromatosis type II?

Response: Thank you for your thoughtful comment. The patient found bladder mass due to preoperative examination of gynecological surgery, the patient reported no lower urinary tract symptoms and a family history of type 2 neurofibromatosis.

Comment 3: Can you comment on where you think the schwannoma originated from? Possibly a sensory nerve in the bladder? Or perhaps a motor nerve?

Response: Thank you for your comment. As the name suggests, this type of tumor originates from the nerve sheath, not the nerve fibers themselves. The sensory nerve of the bladder includes myelinated A- δ nerve fibers and unmyelinated C nerve fibers. Since this patient has no symptoms, it is speculated that it may originate from the motor nerve.