Peer Review File

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Reviewer A

Comment 1: In this case report authors describe a case of a very rare condition, an inflammatory pseudotumor of the ureter IgG4 related. The clinical case is of interest due to its rarity and well described. To improve the quality of the paper I suggest to increase introduction chapter with fisiopathologic aspect

Reply 1: Thanks for your comment. We truly appreciate the reviewer for providing constructive suggestions, and these comments are very helpful to improve the quality of the manuscript. We have modified our test as advised.

Changes in the text（page 3,line49-53,highlight in yellow）

In IgG4-related urinary disease (IgG4-RUD), the kidney, renal pelvis, ureter, and bladder were identified as affected areas within the urinary system. Histopathological features of IgG-RUD comprised infiltration of plasma lymphocytes, storiform fibrosis, and the presence of IgG4-positive plasma cells. Additionally, eosinophil infiltration may be observed in the affected tissue. It should be noted that the attention given to the involvement of the ureter in IgG4-RUD has been limited.

Reviewer B

Comment 1: The Authors present an interesting report of their clinically very well managed case of ureteral localization of IgG4 disease. The paper is of interest, figures are nice. Just some suggestions in order to improve the paper:

The clinical management looks appropriate and of interest. Endoscopic finding was a ureteral polyps: could the Authors include a more detailed histo-pathologic description in the manuscript, if available?

Reply 1: Thanks for your comment. We truly appreciate the reviewer for providing constructive suggestions, and these comments are very helpful to improve the quality of the manuscript. We have modified our test as advised.

Changes in the text（page 6-7,line121-127,highlight in yellow）

Firstly, we have added fisiopathologic aspect in introduction chapter. Secondly, we have added a more detailed histo-pathologic description in the below. To perform a biopsy in the ureter, a stone basket was inserted. However, due to the operational challenges encountered, the F8.5 ureteral rigid scope was performed.

Subsequently, a biopsy forceps was introduced to obtain a sample of the tissue and renal pelvis urine was retained at the same time. A pile of gray-brown crushed tissue was taken out from the ureter. And the pathological examination of the ureteral biopsy was consistent with ureteral mucosal polyp lesions.

Comment 2: Moreover, in the abstract the Authors reported: "The patient underwent

diagnostic ureteroscopy instead of direct nephroureterectomy and was found not to have any malignancy". A more detailed, quick description of endoscopic findings would be of value (polyps, etc).
Reply 2: We truly appreciate the reviewer for providing constructive suggestions, and these comments are very helpful to improve the quality of the manuscript. We have modified our test as advised.

Changes in the text（page 6-7,line117-127,highlight in yellow）

We performed cystoscopy and right diagnostic ureteroscopy with tissue biopsy. The cystoscopy showed no stones and no masses in the bladder. During the ureteroscopy procedure, the neoplasm is found with a lesion raised from all sides toward the center of the ureter (Figure.2A). The lesion was visualized clearly in the upper section of the right ureter under the endoscopic examination (Figure.2B). To perform a biopsy in the ureter, a stone basket was inserted. However, due to the operational challenges encountered, the F8.5 ureteral rigid scope was performed. Subsequently, a biopsy forceps was introduced to obtain a sample of the tissue and renal pelvis urine was retained at the same time. A pile of gray-brown crushed tissue was taken out from the ureter.

Comment 3: A part from the left ureterolithotripsy before treatments to right side, can the Authors precise if the patient previously underwent URS/ESWL on his right side? Or did any right ureteral stone previously pass spontaneously?
Reply 3: We truly appreciate the reviewer for providing constructive suggestions, and these comments are very helpful to improve the quality of the manuscript. We have modified our test as advised. We reviewed electronic medical records and there was no history of stone onset on the right ureteral. And we add this in the patient information.

Changes in the text（page 4,line62-63,highlight in yellow）

There was no history of stone onset on the right ureteral.

Comment 4: For a more comprehensive description of IgG4 involvement in urology, the Authors could add a review paper in their references: for example, Bianchi D, "IgG4 related disease: what urologists should know".
Reply 4: We truly appreciate the reviewer for providing constructive suggestions, and these comments are very helpful to improve the quality of the manuscript. We have modified our test as advised.

Changes in the text（page 9-10,line186-192,highlight in yellow）

Interestingly, this discovery suggests that a considerable proportion of ureteral IgG4-RD cases may have previously been misidentified as conventional pseudotumors. IgG4-RD is a systemic condition that can potentially affect various urologic sites, making it challenging to diagnose accurately due to its uncommon nature. This disease can sometimes imitate urologic disorders, including cancers. Consequently, it is crucial for urologists to conduct preliminary assessments to prevent inappropriate urologic

treatments. By doing so, proper management and care can be provided to patients with IgG4-RD

Comment 5: Language could be slightly revised.
Reply 5: We truly appreciate the reviewer for providing constructive suggestions, and these comments are very helpful to improve the quality of the manuscript. We have modified our test as advised.