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Letter to the Editor

Reply to Kunlin Yang, Xuesong Li, and Liqun Zhou's Letter to the Editor re: Eduard Roussel, Giovanni Tasso, Riccardo Campi, et al. Surgical Management and Outcomes of Renal Tumors Arising from Horseshoe Kidneys: Results from an International Multicenter Collaboration. Eur Urol 2021;79:133-40

We appreciate the opportunity to respond to the comments raised by Yang et al on our previously published, retrospective cohort on surgical management of renal tumors arising from horseshoe kidneys (HSKs) [1].

The authors point out the lack of a detailed description of the surgical technique used for the treatment of these cases. However, the rarity of this disease entity precludes any standardization of surgical technique and resulted in a long inclusion period and the multicenter design. Hence, we did not put forward a single standardized technique, but rather described key features of the surgical management for HSK across highly experienced centers.

Most of the specific issues raised by the authors need to be evaluated on a case-by-case basis. However, the key role of assessing the complexity of the renal vasculature seems uniform across cases and can be improved with the use of advanced imaging techniques [2]. This, exactly, is one of the additional factors to be taken into account in the preoperative assessment of surgical complexity, in addition to nephrometry scores, as the authors point out. Regarding the division of the isthmus, as highlighted by Yang et al, thorough preoperative assessment of the renal vasculature can also aid in surgical decision-making. In some cases, a relatively avascular plane can be achieved, which allows for division of the isthmus without the use of stapling devices.

This individualized surgical decision-making also holds true for the use of minimally invasive surgery (MIS). While we acknowledge that it is likely that the boundaries of MIS will be pushed further in the future, we can conclude from the observed data that a proportion of highly complex cases

might be better suited for open surgery, taking into account surgical complexity and the surgeon's experience, among other factors.

Regarding the need for transfusion in our cohort, we want to highlight that the median intraoperative blood loss of 300 ml does not necessarily reflect the blood loss and concomitant need for transfusion for individual cases for which the intraoperative blood loss might have been higher than the reported interquartile range.

Conflicts of interest: The authors have nothing to disclose.

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