Dear Editor:

We would like to express our sincere gratitude for your valuable time and effort in reviewing our submitted case report titled "A jackstone in the renal calyx: a rare case report". Your insightful comments and suggestions have greatly contributed to the improvement of our manuscript. We have carefully considered each of your comments and have made the necessary revisions accordingly.

In this response letter, we would like to address each of your concerns and provide a detailed explanation of the changes we have made.

[Reviewer's Comment 1]
Dear editor, Thank you for asking me to review the manuscript. Jackstone is a well described entity in the literature. I feel the authors can present the report focussing on the images with a brief description. Sincerely KK Sureshkumar MD. The authors present a case of Jackstone in renal calyx with hydronephrosis. Jackstone is a well described entity and there are multiple reports of it in the literature. So the case is not novel. I feel it is more appropriate to present the case as an image in clinical medicine: Showing the CT findings and the photo of the stone with a brief description that will capture more attention from readers.

[Explanation of Revision 1]
We are very grateful for the efforts and help provided by the reviewers of our manuscript, and their comments are very valuable. However, in fact, despite the high incidence of urolithiasis, with a global incidence of about 4-10%, jackstones, as a special form of urinary calculi, are not common. Searching PubMed with "jackstone" as keyword, there are only 25 relevant literatures so far, with the most reported being jackstones in the bladder, and only a few reported cases of jackstones in the kidney, all of which are located in the renal pelvis. Our case is the first report for a jackstone inside a closed renal calyx to our knowledge. Our manuscript strictly follows the journal's format requirements for case reports. It is feasible to present our case with clinical images, but this may miss many necessary clinical information. For instance, in our report, the jackstone is located in a closed calyx whose obstruction is caused by the stones in renal pelvic. In addition, the obstruction situation at the ureter-pelvic-junction, the presence of urinary tract infection, the presence of other underlying anatomical abnormalities, and the patient's metabolic characteristics are all important factors affecting the formation of stones. These factors have important reference value for analyzing the formation mechanism of jackstones. Finally, we hope that our explanation can answer your concerns. Once again, we thank the reviewers for their valuable suggestions.
This is a really good case and a well-written paper. A few suggestions: Case summary, line 35: renal calyx3185. (Numbers 3185 makes no sense, please delete). Lines 124 and following: Intermittent gross hematuria, obstructive lower urinary tract symptoms (LUTS), and abdominal or flank pain are often found in jackstone patients. While agreeing with the authors, I think all nephrolithiasis has the same clinical picture. If there is any particularity in the clinical picture of jackstone patients (which I doubt) please report it accordingly. Otherwise, make a differential diagnosis with other disorders causing a renal colica.

Thanks very much for the reviewer’s affirmation and valuable suggestions on our manuscript. Regarding "renal calyx3185", this was our negligence, and we have made the correction in the revised manuscript. As for the clinical manifestations of jackstone, in fact, it does not have specific or unique clinical manifestations. All kidney stones may cause intermittent hematuria or pain in the flank and abdomen. When the stone is located in the bladder, LUTS may appear. We have added relevant explanations in the discussion section: Despite its distinct shape, jackstone's clinical manifestations are not unique or specific. Therefore, medical imaging examinations and visual inspection are necessary for diagnosis. The causes of renal colic are diverse, and the most common one is obstruction caused by kidney stones. Through abdominal CT examination, the diagnostic rate can reach more than 95%. However, the focus of this case report is not on the differential diagnosis of renal colic, but on the description of jackstone itself. Therefore, we believe that adding the differential diagnosis of renal colic is not of great help to the main purpose of the article. Once again, thanks for the valuable suggestions of the reviewers, and we hope that our explanation can satisfy the reviewer.

We believe that these revisions have substantially strengthened the overall quality and clarity of our case report. We sincerely appreciate your constructive feedback and guidance throughout this review process.

Thank you once again for your time and consideration. Please find the revised version of our case report online, incorporating the changes as per your recommendations. We hope that you will find our revisions satisfactory and look forward to the final acceptance of this manuscript.

Best regards,

Sincerely,
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