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## AUTHOR REPLY



We appreciate the editor's commentary in placing our study within the larger context of management of this disease process. In particular, we agree that issues when comparing endopyelotomy with pyeloplasty warrant further discussion.

We were motivated to perform this research due to the growing number of consultations for incidentally discovered UPJ obstructions. Our goal was to assess how these patients fared symptomatically and radiographically after pyeloplasty. We found that patients with incidental UPJ obstruction had worse symptomatic and radiographic outcomes compared with those presenting with pain. We agree with the editor's comment that patient selection is therefore critical to success in this operation.

Several anatomic features have been associated with poor outcomes from endopyelotomy, that is impaired renal function, large renal pelvis and presence of a crossing vessel. It is these findings that make the patient an ideal candidate for dismembered pyeloplasty. While endopyelotomy has been reported to have high success rates in select patients, as a tertiary referral center, we see few patients who are candidates for this procedure. In our series, 8 of 105 patients (7.6%) underwent endopyelotomy at an outside institution prior to being referred for pyeloplasty at our institution. Interestingly, all 8 of these patients were in the group who presented with pain as the primary complaint. Of 105 patients in our series, only 3 required endopyelotomy postoperatively for persistent obstruction. Further research will help us better understand this dynamic disease process in both adult and pediatric populations.

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