

# Review of: "Breaking Stereotypes: Sectoral Varicocele Diagnosis Revolutionized by Doppler Ultrasound Advancements"

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Potential competing interests: No potential competing interests to declare.

Dear authors,

I hope that my suggestions can be useful to you.

I read your article which wishes to explore whether the Doppler ultrasound (DUS) enhances significantly the accuracy of varicocele diagnosis compared to the standard physical exam.

The article is well written and the topic is interesting, even if is not innovative.

Some issues raised:

1. Several studies have already assessed the superiority of scrotal Doppler ultrasound in the diagnosis of varicocele; thus I would modify the title and add in the discussion paragraph what makes your study different from the previous ones
2. The materials and methods paragraph of the study should be more precise: what are the diseases that could affect spermatic cord/vein anatomy, that you used as an exclusion criteria? What DUS parameters did you use for the assessment of varicocele? Why were patients examined by only one radiologist, and not two as in the case of urologists?
3. The pathology should be described more in depth in the introduction of the study and should include the definition of clinical and subclinical varicocele
4. In article you talk about the existence of a role of varicocele in male infertility; however the text lacks an explanation of how varicocele can worsen semen analysis and when varicocelectomy is recommended according to current guidelines
5. In the results I suggest to:
  - add a table in order to describe the patients enrolled (e.g. mean age, how many fertile and not, smoking habit, etc.), and analyze if the patients suffering from varicocele not diagnosed by urologists have any difference in main characteristics when compared to those diagnosed by DUS alone or both by DUS and Urologists' agreement
  - compare the sensitivity and specificity of the two techniques by stratifying the patients by degree of varicocele