**Questions:**

1. Question: While not being a true orthotopic autotransplantation (the kidney was implanted lower in the retroperitoneum), some surgical aspects of interest could be included for a better understanding of the technique. What was the access used? Flank incision or mid line transperitoneal?

Answer: A left retroperitoneal flank lazy-S shaped incision, extending from the tip of the 11th rib to just medial to the MacBurney point was used.

1. Question: t's not clear where the hypogastric artery graft came from: was it harvested from the patient (autologous), or from a cadaveric donor? In case it came from the patient (looking at the post-operative angiography it looks that the right internal iliac artery is missing), the reason for performing an orthotopic autotransplantation alluded in the discussion -the higher incidence of atherosclerotic lesions in the iliac arteries- loses its support.

Answer: The hypogastric artery graft was harvested from the patient (right side). Reattachment of the renal artery to the aorta instead of the iliac artery was preferred because it is less prone to atherosclerosis and to avoid ureter redundancy if the kidney would be placed in the iliac fossa. Apart from the arterial reattachment (to the aorta or iliac arteries), a bridge graft between the renal hilum and the chosen arterial inflow, is used to reconstruct the renal artery branches. For this purpose, the hypogastric artery performs better than the alternative saphenous vein.

1. Question: While the option taken by the authors was undoubtedly successful, it would be worth mentioning existing alternatives which are less invasive, like performing a laparoscopic nephrectomy with autotransplantation of the repaired kidney in the iliac fossa.

Answer: The orthotopic autotransplantation (despite the kidney was implanted lower in the retroperitoneum) has advantages over the less invasive laparoscopic nephrectomy with autotransplantation of the repaired kidney in the iliac fossa: 1) the arterial reattachment is in the aorta which is less prone to atherosclerosis 2) the venous reattachment in the inferior vena cava obviates the need for right renal vein elongation 3) the ureter is not divided and does not require reimplantation 4)a single surgical retroperitoneal approach, despite more extensive, allows for both nephrectomy and autotransplantation.

1. Question: It´s also not clear why an elipse of vena cava was taken with the kidney. Na descrição da técnica cirúrgica sugiro acrescentar a forma como foi encerrada a veia cava inferior, uma vez que se refere que a veia renal esquerda foi colhida com uma elipse de veia cava inferior

Answer: The right renal vein was taken with a small patch of inferior vena cava (which was closed longitudinally) to allow for a spatulated anastomosis.