**Reviewer Point-by-point response**

We greatly appreciate the reviewers’ time and effort in crafting the insightful and supportive comments. We have been incorporated the required amendments in the manuscript with their clarification. The changes within the manuscript have been underlined. We hope these modifications are satisfactory for the manuscript acceptance in your respectful journal.

Here is a point-by-point response to the reviewers' comments and concerns.

**Reviewer (1)**

**You report a case report concerning robotic assisted transvesical excision of recurrent bladder leiomyoma. I commend you for this manuscript, considering that in literature we find few studies about this topic. The study is well presented.**

**I would just suggest to improve the Introduction by introducing and describing the actual role of robotic surgery in Urology and its advantages in comparing to open surgery.   
Even the discussion results too scanty. Please refer to other studies on this topic; i.e. Yoshioka T, Kawakita M, Kameoka H.Cystoscope-Assisted Laparoscopic Enucleation of a Large Progressive Bladder Leiomyoma. J Endourol Case Rep. 2019 Aug 30;5(3):120-123.**

**Furthermore, you could also discuss alternative endoscopic therapies (Gok A. Transurethral Resection of a Large Urinary Bladder Leiomyoma: A Rare Case Report. Urol J. 2017 Jul 2;14(4):4052-4054 and Zachariou A, Filiponi M, Dimitriadis F, Kaltsas A, Sofikitis N. Transurethral resection of a bladder trigone leiomyoma: a rare case report.BMC Urol. 2020 Oct 7;20(1):152 and Li A, Zhang P, Zhang M, Yang T, Yue Y, Chen G, Li W, Fan J. Transurethral Enucleation of Bladder Leiomyoma: A Series of Six Cases and Review of the Literature.Urol Int. 2019;102(1):102-108), explaining why robotic surgery could be better than endoscopic procedures.   
Please discuss better the previous study on this topic (reference 2), highlighting the clinical and surgical advantages of intracorporeal USS guidance.**

***Response:***

We sincerely appreciate praising our manuscript. The manuscript has been revised and more details describing the robotic surgery role in Urology has been added to the introduction section with shedding lights on robotic surgery advantages in relation to open surgery. Meanwhile, the discussion section has been enriched with more details supporting our study results taking in consideration your recommended references that you have kindly provided. We have also mentioned why robotic surgery in urology is now better that other endoscopic procedures and highlighed the advantages of intracorporeal USS guidance both clinically and surgically.

All added and modified parts have been underlined in the revised manuscript file.

**Reviewer (2)**

**In the current paper the Authors provide an interesting case report highlighting the feasibility and safety of robot assisted trasnvesical resection of a bladder leyomioma with intraoperative ultrasound guidance. The clinical case is quite peculiar. The manuscript is well written and references are accurate.**

***Response:*** We would like to greatly thank the reviewer for this comment.

**I have several issues / edit suggestions to point out:**

**- Was a drain placed? Do the authors usually never place a drain after cystotomy/ partial cystectomy?**

***Response:*** Drain never placed after partial cystectomy unless challenges with bladder closure which we have not experienced in any of our cases till now. We are doing water tight closure and testing after with bladder filling to confirm no leakage.

**- Authors state a bladder neck reconstruction was performed. Please be more specific. It would be interesting to better understand the reconstructive phase as well.**

***Response:*** The bladder neck was reconstructed ventrally to the left due to involvement of the excision margins of the tumor to the BN.

**- The quality of Figure 1 could be further improved.**

***Response:*** The quality Figure (1) has been improved.

Sincerely your,