Reviewer's report

Title: Giant uterine artery pseudoaneurysm after a missed miscarriage termination in a cesarean scar pregnancy

Version: 2 Date: 5 February 2014

Reviewer: nidhi sharma

Reviewer's report:

Dear Authors,

The study is neatly presented. It is apt for reporting as the cases for caesarean scar pregnancy are likely to increase with the global rise in the rates of caesarean section. The problem of post abortal bleeding due to arteriovenous malformations also needs addressing.

However, there are some points, as would be beneficial, considering the social need of the problem.

Major compulsory revisions

1. In the conclusion of the structured abstract, please mention doppler ultrasound in the preoperative work up in addition to the postoperative management of caesarean scar pregnancy. This will help us to decide if any arteriovenous malformations were formed as result of previous caesarean section or curettage done for previous missed abortion. We will also know if the pseudo aneurysm resulted as a result of curettage done for this gestation or an earlier one. We recommend Doppler in all cases of undiagnosed vaginal bleeding to rule out arterio venous malformations of uterine vascular architecture.

2. In the background, the cause of onset of symptoms after 1 week to 3 weeks after pelvic surgery needs to be speculated. A word about a gradually increase in the size of pseudo aneurysm due to characteristic pressure gradient can be mentioned. The flow into the pseudo aneurysm is more during systole. This leads to a gradual pressure build up and eventual rupture.

3. In case presentation kindly mention if the previous missed abortion was also managed by a surgical curettage.

4. In Discussion, paragraph 1, line 21 please add doppler with ultrasound examination as a required postoperative investigation.

5. In Conclusion, please add doppler with ultrasound for post operative care of caesarean scar pregnancy.

Discretionary

The author is also welcome to speculate the role of intraoperative ligation of feeding vessel of the pseudo aneurysm. The possibility of securing hemostasis with plication should be considered before a radical decision of hysterectomy is made.
Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.