Author’s response to reviews

Title: Pregnancy-related Pelvic Girdle Pain (PPGP): An update.

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Version: 4 Date: 15 November 2010

Author’s response to reviews: see over
To the Editor of
BioMed Central Medicine

November 15, 2010

Dear Sir/Madame,

We would like to submit the revision of our Manuscript with the Title: “Pregnancy-related Pelvic Girdle Pain (PPGP): An update” for further consideration for publication to the Journal.

In consideration of the BMC Medicine reviewing and editing our submission, the authors undersigned hereby transfer, assign, or otherwise convey all copyright ownership and represent that they own all rights in the material submitted.

The authors further represent that the article is original, that it is not under consideration by another Journal and that it is not previously published. This assignment is to take effect only if the work is published in the Journal.

On behalf of all the authors I would like to thank all reviewers for their constructive comments and contribution to the improvement of this mini-review paper. In accordance to these comments a number of revisions (summarized below) have been incorporated to the new manuscript.

EDITORS comments:

Reply:
Regarding the issue of old references, we have excluded them from the actual manuscript, and are now included only in Table 1 (we have grouped them per decades). The newer articles (mostly after 2000 are discussed more extensively to the revised manuscript.

For all the rest of the comments we have adopted to the reviewers comments.
Reviewer’s 1 comments:

Comment 1:
Is the question posed by the authors new and well defined?
The authors write on page 4 that “the aim of the study was to present in a comprehensive manner the existing consensus regarding the diagnosis, management and prognosis of pregnancy-related pelvic girdle pain”. It is well defined, but it is hard to see that they...

Reply:
The aim of this mini-review is to summarise the existing evidence on PPGP, focusing on definitions-diagnosis-management-prognosis in order to contribute on the establishment of a common understanding, and on the standardisation of the methodology of future research. For these reasons, a review of all studies retrieved from PubMed (209) was performed using certain keywords (described at Table 1’s legend), and the contemporary consensus on these issues (definitions-diagnosis-management-prognosis) is highlighted at the manuscript, as well as to the provided Algorithm (Figure 1). Table 1 includes a breakdown of the existing literature, showing the variety-discrepancy of used terminology, the limitations of our established knowledge due to these discrepancies, the representation of different associated specialties (from nursing to physiotherapy, obstetrics, general medicine, spine surgery, et al), the expressed scientific interest per decade, as well as the map of PPGP associated research around the globe.

Comment 2:
Are the methods appropriate and well described, and are sufficient details provided to replicate the work?
BMC writes in their instruction to authors that: “A key aim of BMC Medicine mini-reviews is to provide evaluations of progress in a specific field. They should aim to put research findings published in the preceding 1-2 years into a clinical context and to explain future directions for research as appropriate.” In 2008 Vleeming et al. published “The European Guidelines on the Diagnosis and Treatment of Pelvic Girdle Pain”, and one should think that these Guidelines must be a natural starting point for an update in the field. Furthermore it would be expected that later publications (papers published after the Guidelines, e.g. after 2006) should be highlighted. It is difficult to see that this is done in this paper. The number of references is quite high, but several of them seem to be old to fulfill the aim of a mini-review.
Reply:

As mentioned the full methodology of this mini-review is not fully described. Since Table 1 includes all the retrieved manuscripts, at Table’s 1 legend we have included a brief description of the review methodology i.e. “... The search engine of PUBMED was utilised for a query (performed 20 Jan 2010) on the title of the studies, using as keywords* the different terms used in the past to describe the syndrome and as an additional keyword the word “pregnancy” at any of the other fields of the studies. Studies, which included more than one of these *terms, were inserted once to the table. Underlined are the 3 most common representatives of each category (i.e. “Focus of publishing Journals” and “Origin of Publications”).”

Also at page 4 of the manuscript we have included a short sentence that refers the readers to Table 1 as far as the methodology is concerned; i.e. “Using the PubMed search engine and the methodology described to the legend of Table 1, 209 relevant references have been identified.

Regarding the number of recent references (post the Vleeming guideline – which was issued on 2005 and published in 2008) they are now more clear to our manuscript as we have included a small paragraph to our introduction, i.e. “Following the publication of the European Guidelines in 2005 [4], the authors of forty-nine subsequent clinical studies [5-53] have incorporated to a degree the recommended methodology.” Also those studies that followed and the introduction of the Guidelines are using the new terminology and are incorporated at the Table 1 at the last row (just before the “Total”). From a closer analysis of the referred studies to the manuscript (not all of the references that are included at Table 1), shows that we are referring to our recommendations and algorithm mostly to the updated evidence that followed the Guidelines.

Comment 3:

Are the data sound and well controlled?
The reference list for the present paper contains a total of 234 papers; 126 of these are referred to in the text. Among the 108 that is not used, 27 are published after 2006 (after the Guidelines). It is difficult to understand why these 108, and especially the 27 that are new, are not referred to or evaluated in this mini-review? It seems unfavourable to leave out such a large number of new publications in an update. The first column in table 1 gives an overview of keywords, I wonder why low back pain has been used, and lumbopelvic pain has not? The latter is a term often used on pain in the low back and pelvic area in relation to pregnancy, and several studies have used this term. Furthermore, there are only 34 papers on low back pain (LBP) listed in table 1. It is difficult to understand how the authors have come up with this
low number of papers on LBP, and also on some of the other search terms. By doing a search on Pubmed on two of the used keywords (low back pain, pelvic instability) in combination with pregnancy, the number of papers was much higher than shown in table 1. Although a mini-review, a clear description of the methodology used for the “extraction” of the literature is expected in a scientific paper. On page 12 the authors comment on the quality of the reviewed manuscripts. However, I have not been able to find any description of the basis used for this evaluation of quality. It is also hard to see that the illustrations (especially figure 2) are relevant.

Reply:

Indeed not all references of manuscripts retrieved are included to the discussion in the manuscript. They are all included to Table 1. As mentioned in our reply to the previous comment, the papers that followed the 2005 guidelines are mostly included to the discussion and are actually 48 (not 27). They form the basis of our drawn recommendations and in this way this update represents the current consensus to the degree it exists.

We thank the reviewer and we have added another row to the Table 1 which refers to those manuscripts that use the term “Lumbopelvic pain”. Overall they are 24, however since some of them also include terms as “low back pain”, their majority has been already incorporated to our study. The new row of table 1 includes now another 7 studies “[19, 33, 35, 36, 43, 237, 238]” that have this particular term only, (please see Table 1 row highlighted in red).

The articles of LBP are indeed 34 since only 34 use this term to their Title as per our inclusion criteria. Our review process is mentioned previously to our replies of comments 1-2.

On page 12 following the comment of the reviewer we have included the following: “... (ranging from large randomised controlled trials to uncontrolled case series and case reports), no strong comparative evidence regarding the utilised methods of treatment is possible ... “, which hopefully explains what we mean by the term of inconsistent quality.

As far as the figure 2, we believe it offers a clear example to the readers and adds to the overall presentation of the subject of management.

Comment 4:

Does the manuscript adhere to the relevant standards for reporting and data deposition?

There seems to be inadequate use of references in the text, e.g. there are firm statements without proper use of references. One example; from page 7 the paragraph about differential diagnosis is completely without references. If the
conclusion of the paragraph represents a consensus, extracted from the literature, it lacks references to support this.

Reply:

The section of differential diagnosis has been revised to included recent references related to this subject. More specifically “... symphysis pubis, bone or soft tissue tumours [13, 19, 37, 94, 95]...” and “... related medical specialties [4, 6, 24, 40, 62].”

Moreover, further references have been inserted in other sections as appropriate.

(please see highlighted references of the text).

Reviewer’s 2 comments:

Reply:

thank you for all your encouraging comments, and positive recommendation.

We hope that the revised manuscript will fulfil the expectations of the reviewers. Thank you for giving us the opportunity to resubmit our work.

Yours sincerely,

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