Author's response to reviews

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

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

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Dear Sir/Madame,

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

**EDITOR’s comments:**

In addition, as this is a mini-review, it is not appropriate to refer to the article as a 'study'. Therefore please carefully review the manuscript to alter this phrase where it appears to 'article'.

**Reply:**

All relative phrases have been revised and the word “study” has been changed to the word “article” according to the recommendation.
**REVIEWER’s comments:**

**Comment 1:**

...Their rationale for selection of the papers still seems unclear ... one could question whether a clear strategy for selection would have strengthened this paper... It would further have strengthened the manuscript if the search engine is described in the manuscript and not only in the legend of table 1...

**Reply:**

This article methodology and rationale have now been incorporated to the introduction – last paragraph. We have added a clear description of the search method, and highlighted the fact that our algorithm and suggestions are mainly based to the recent most highly valued evidence studies of the recent years. In particular:

“The PubMed search engine was used to set a query at the 20\(^{th}\) of January 2010, using as keywords the terms “pelvic arthropathy” OR “osteitis pubis” OR “pelvic insufficiency” OR “pelvic pain” OR “pelvic instability” OR “pelvic girdle pain” OR “posterior pelvic pain” OR “low back pain” OR “lumbopelvic pain” OR symphysis pubis dysfunction” at the title, as well as the term “pregnancy” at any of the fields of the publications. Whenever additional studies were identified from the references of the retrieved publications, they were also included to this review. In total a sum of 209 studies starting from 1923 to today are presented grouped according to the terminology that was used by the authors, the decade of publication, and the origin of the research (Table 1). Further attention and value was given to those of the 209 studies that represent the highest level of evidence, derive their conclusions from large samples (>30 cases), and are taking into account contemporary definitions, diagnostic and treatment methodologies. These are mostly commented and presented to the following paragraphs of this article as well as to the proposed algorithm of management (Figure 1).”
Comment 2:

... example at page 10, last sentence in the first paragraph. “As far as the pubic symphysis diagnosis is mostly based on deep palpation and the modified Trendelenburg test.” No references are listed.

Reply:

Additional references are inserted at this paragraph. In particular:
“As far the pubic symphysis diagnosis is mostly based on deep palpation and the modified Trendelenburg test.[25, 84, 105]”

Also at the second paragraph of page 11 we have added the following references:
“However, for reasons related to differential diagnosis, most authors report on acquiring a full-blood-count, biochemistry and urine analysis.[75, 106, 107]”

Comment 3:

However, again it would have strengthened the manuscript if the authors had commented more specifically on methodology and for example the use of different cohorts.

Reply:

We have now incorporated a clear description of our methodology (see reply on comment 1) and the fact that there are inherent limitations of reviewing a spectrum of publications with great discrepancy. At the same time we believe that this is at the same time one of the strengths of this manuscript as it is the only all inclusive review on the subject, that shows the great variety of definitions and methodologies used to evaluate this medical condition (table 1 includes all relative studies given a comprehensive picture of what is currently available).
Comment 4:

I still disagree with the authors concerning figure 2, and question the relevance

Reply:

The relevance we see on providing an illustrative example of the surgical management of one of the cases, in our eyes is clear. It represents one of the methods of treatment and supports the algorithm suggested from our analysis and review. Moreover we believe it offers an example to the readers of what surgery to the area may represent. If however the editor wants us to remove it from our article, we would be happy to consent.

Yours sincerely,

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