Author's response to reviews

Title: Chronic Nonpuerperal Uterine Inversion and Necrosis: A Case Report

Authors:

Charlie C Kilpatrick (charles.c.kilpatrick@uth.tmc.edu)
Lubna Chohan (lubna.chohan@uth.tmc.edu)
Robert C Maier (robert.c.maier@uth.tmc.edu)

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Author's response to reviews: see over
Michael Kidd,

Editor in Chief

Journal of Medical Case Reports

Re: MS 5556211713669050

Dear JMCR editorial team:

Thank you for the kind review of our manuscript entitled, Chronic Nonpuerperal Uterine Inversion and Necrosis: A Case Report. We have addressed the reviewers’ comments as outlined below and respectfully submit the revised manuscript for consideration of publication in the Journal of Medical Case Reports.

Reviewer #1

1. In the abstract and throughout the paper the word salpingo-oophorectomy has been corrected. The change in syntax suggested has been incorporated. The word nonpuerperal has been changed in the abstract, and throughout the paper.

2. In the introduction the change in syntax suggested has been incorporated.

3. In the case report section, the change in paragraph suggestion has been incorporated. The change in syntax suggested has been incorporated, and urethral meatus has been substituted for urethra. The poorly worded paragraph after Figure 2 has been rewritten based on the suggestions. Huntington and Haultain have been spelled correctly. The end of the case report description has been written more concisely to enhance the clarity of the report as suggested.

Reviewer #2

1. The authors recognize that over a hundred case reports of chronic uterine inversion have been reported in the literature and the most common cause cited is a prolapsed fibroid. We acknowledge this in the discussion section. Although many of those cases have been reported, the novelty of this particular case was the extensive necrosis involving the prolapsed fibroid and the endometrium of the uterus. Figures 1 and 2 provide a visual as to the necrosis that was confirmed pathologically.

Associate Editor

1. We have incorporated the list of suggestions by the first reviewer and are thankful of the time taken to edit our paper.

2. In the Case Report section we have replaced advair with ‘an inhaled steroid, fluticasone’. We did not go into great detail on the use of inhaled steroids in the management of patients with sarcoidosis as this was not the target of the case report.
3. We have added the correct bibliographic responses in regard to the Huntington, Haultain and Spinelli procedures. The original Kustner description is from an out of print german textbook and a suitable reference could not be found. The reference listed provides a clear description of the procedure.

We have moved the authors contributions and competing interest sections to appear after the conclusion, used ‘track changes’ in order that you can see the revisions that were made, and double checked the format style in the revised document.

We hope that this meets with the approval of the reviewers / editorial board.

We appreciate your consideration of our manuscript.

Sincerely,

Charlie C. Kilpatrick, M.D.
Assistant Professor, Obstetrics and Gynecology
University of Texas Health Science Center at Houston
LBJ Hospital
5656 Kelley
Houston TX, 77026