Author's response to reviews

Title: Placenta previa percreta left in situ: management by delayed hysterectomy

Authors:

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Author's response to reviews: see over
Dear Dianne Pangan,

Thank you very much for your letter of June 8. We have now carefully reviewed the editorial comments and reviewer’s comments and revised the manuscript accordingly. We now enclose a cover letter providing a point-by-point response to the reviewer’s comments. We also enclose a revised manuscript with track changes.

**Editorial comments:**
1. Financial disclosure has been removed.
2. Brief details of the patient have been added to the abstract.
3. The author’s contribution section has been rewritten.

**Reviewer 1:**
1- There are many case reports in the literature regarding placenta previa percreta left in situ and delayed hysterectomy. So this is not an unusual case report.  
**Response:** The case may not be unusual, but management by delayed hysterectomy is not common practice and therefore potentially interesting.

2- Although this management may be used in selected patients, it is not costly effective, as patients generally need several emergency room visits, hospitalizations and transfusions while follow-up. Because, leaving the placenta in situ has also a risk of infection and postpartum hemorrhage, peripartum hysterectomy will be much more beneficial if the patient does not wish any future pregnancy. (In the case we can clearly understand that the patient does not want future fertility preservation, as the authors performed tubal ligation).  
**Response:** We admit that the pros and cons of this approach need to be evaluated. We agree that this management is most appropriate in selected and most severe high risk cases.

3- In the introduction section line 1, Placenta accreta is abbreviated as ‘PA’; however in the list of abbreviations section ‘PA’ is stated as ‘placental abruption’.  
**Response:** This has been corrected.

4- In conclusion, although it is a good written case report, it does not make a difference to clinical practice.  
**Response:** Please see above.

**Reviewer 2:**
Authors present only one option of the management of the placenta percreta in which delayed postpartum hysterectomy was planed. I don’t have any negative comments concerning the presentation of this case. But I think that in the discussion the authors should mention that other options of the management of such complication exist; delayed, successful (few weeks-months) transvaginal removal of the placenta was also presented in few publications. It is also worth to mention that methotrexate is not given in all perinatal centers presenting similar clinical situations; results (final outcome) in the groups with and without methotrexate were comparable.  
**Response:** A sentence “Delayed transvaginal removal of the placenta has also been described (11)” has been added to the Discussion. A note of methotrexate use has also been added to the discus-
sion...“delayed hysterectomy (although methotrexate is not used in all maternal-fetal centers in such clinical situations) . This is...

**Reviewer 3:**

*It would be useful if the author has devisd a guideline or protocol as mentioned in the text of the paper to include this as this would be of added value.*

**Response:** We have mentioned in the comment section that such management algorithm is in the development. We consider it premature to include the actual algorithm without any preliminary results from a pilot study. We hope this is acceptable.

We hope the paper is now acceptable for publication in the Journal.

Sincerely,

Jorma Paavonen, MD