Reviewer's report

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

Version: 1 Date: 10 April 2011

Reviewer: Mert Kazandi

Which of the following following best describes what type of case report this is?: Presentations, diagnoses and/or management of new and emerging diseases

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is the case report ethical?: Yes

Is there any missing information that you think must be added before publication?: No

Is this case worth reporting?: No

Is the case report persuasive?: Yes

Does the case report have explanatory value?: No

Does the case report have diagnostic value?: No

Will the case report make a difference to clinical practice?: No

Is the anonymity of the patient protected?: Yes

Comments to authors:

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.

2- Although this management may be used in selected patients, it is not cost-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).

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’.

4- In conclusion, although it is a good written case report, it does not make a difference to clinical practice.

**Quality of written English:** Acceptable

**Declaration of competing interests:**

I declare that I have no competing interests