Author's response to reviews

Title: Ovarian cryopreservation following laparoscopic ovariectomy using the Endo-GIA stapling device and Lapro-Clip absorbable ligating clip: a case report

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Author's response to reviews: see over
Dear Editor,

We would like to submit the revised-manuscript entitled “Ovarian cryopreservation following laparoscopic ovariectomy using the Endo-GIA stapling device and Lapro-Clip absorbable ligating clip : a case report” for publication in “JMCR”.

The manuscript had been corrected following the recommendations of reviewers (see below).

We value your response and thank you for your attention.

Best regards,

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POINT by POINT response to reviewers comments

Response to referee 1

#1
We have revised English.
In Introduction section, we have deleted the sentence “Embryo cryopreservation results in the most….” and added the sentence “Embryo cryopreservation results in good pregnancy rates”. We have corrected the sentence on page 2, paragraph 4 (introduction). The corrected sentence is “…despite being an experimental technique with few live births reported”.

#2
We fully agree that it may be discussed whether ovarian stimulation is contraindicated in breast cancer patients. We have deleted the sentence concerning this point.

Response to referee 2

Response to Major comments:

#1. Unfortunately, there is no precise data demonstrating that electrocoagulation causes damage to the ovarian tissue in the course of ovarian tissue harvesting / cryopreservation. However, many experimental studies showed that electrocoagulation (monopolar and bipolar energies) may be associated with damages to ovarian tissue. For example, ovarian drilling, especially bipolar electrocoagulation, causes extensive destruction of the ovary [Hendricks, 2010].

Furthermore, some data suggest that bipolar electrocoagulation of the ovarian parenchyma during laparoscopic ovarian cystectomy adversely affects ovarian function [Fedele, 2004] [Li, 2009].


#2. Pathology revealed “normal” ovarian tissue with presence of primordial follicles.

#3. We have added a paragraph concerning the possible impact of electrocoagulatory ovarian tissue damage on the outcome of ovarian tissue harvesting and re-implantation would be interesting. However, there is no published data concerning results concerning endo-GIA in regard to ovarian tissue damage.
4. We have added a sentence concerning the following point: “Many centers do not remove a whole ovary for ovarian tissue cryopreservation; instead only half to two-thirds of one macroscopically normal ovary’s cortex. The endo-GIA removal procedure cannot be used in these cases.”

5. We have modified the conclusion. We have deleted “must” and added “may”.

Response to Minor comments:
#1. We have added “Fertility preservation” to the key words.
#2. We fully agree that it may be discussed whether ovarian stimulation is contraindicated in breast cancer patients. We have deleted the sentence concerning this point.
#3. We have corrected the sentence on page 2, paragraph 4 (introduction). The corrected sentence is “…despite being an experimental technique with few live births reported”.
#4. These trocars allow instruments from 5 to 12 mm diameter. However, following your recommendations, we have deleted “5-12 mm trocar” and added “12mm trocar”.

Response to referee 3

#1. We fully agree that the impression of the biologist should be interesting. Further studies should assess this point including a comparative study between Endo-GIA and electrocautery removal concerning ovarian tissue damages and results of ovarian cryopreservation. We have added a sentence concerning this point in the discussion paragraph.