Reviewer's report

Title: Myomectomy as a dual risk factor for uterine rupture: rupture with occlusion by intestinal adhesion

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Reviewer: Mertihan Kurdoğlu

Which of the following best describes what type of case report this is?: An unexpected association between diseases or symptoms

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?: Yes

Is this case worth reporting?: Yes

Is the case report persuasive?: Yes

Does the case report have explanatory value?: Yes

Does the case report have diagnostic value?: Yes

Will the case report make a difference to clinical practice?: Yes

Is the anonymity of the patient protected?: Yes

Comments to authors:

My specific comments for the manuscript are as follows:

1. In general, the language of the manuscript should be reviewed by a native speaker. Although the English of the manuscript is not so problematic, it may be more fluent if it is reviewed by a native English speaker.

2. In abstract section, gestational week of the patient should be added to the case presentation section. In addition, the authors should indicate whether the patient was laboring or not.

3. In the case presentation section of main manuscript, the details of the previous myomectomy operation should be given (was the incision vertical or horizontal?; what was the diameter of myoma uteri and what was the indication for the operation?; was it performed laparoscopically or by laparotomy?; was the uterine
cavity entered during the operation?)

4. Did the patient have a postural hypotension since it may be an early sign of a silent uterine rupture as we have observed in our case that had also been diagnosed late? The presence or absence of this situation should be indicated at the case presentation section and the following reference may be cited while discussing this at the discussion section:


5. In case presentation section, instead of “arrow of Figure 1”, “Figure 1, arrow” may be more suitable.

6. Intestinal adhesion is a common finding after many gynecologic operations, not only after myomectomy. The diagnosis of uterine rupture is also difficult unless fetal distress is so evident on fetal monitorisation, even in the cases with intact uteruses. Our experience from the case that we had presented (please see the reference above), delayed diagnosis is also possible even at the intact uteruses. Therefore, I am not sure whether the intestinal adherence was really effective in delayed diagnosis of uterine rupture in the presented case. Intestinal adhesion may also be an incidental finding. In the discussion section, these should be discussed.

7. In the title of the manuscript, myomectomy should not be regarded as a double risk factor. Delaying the diagnosis does not mean that myomectomy is a second risk factor. “May intestinal adhesion due to previous uterine surgery be a reason (or risk factor?) for delayed diagnosis of uterine rupture?” might be a more suitable title for this manuscript. The discussion may also be constructed based on this topic.

**Quality of written English:** Needs some language corrections before being published

**Declaration of competing interests:**

I have no conflict of interest