Title: A 26 year old women presenting with an intrapartum sacral stress fracture to our clinic: A case presentation

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Author’s response to reviews: see over
Author’s response to reviews

Object: MS: 2024161085570519 Title: A 26 year old women presenting with an intrapartum sacral stress fracture to our clinic: A case presentation

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Thank you for consideration of our manuscript for publication in your journal.
We have reviewed the above manuscript according to your reviewer’s comments.

**Reviewer # 1 :** Reiner Oberbeck

**Title:** A case of an intrapartum sacral stress fracture

**Version:** 3  **Date:** 7 September 2011

**Reviewer's report**

**Majors Compulsory revisions**
Please clarify the following passage of your manuscript and choose a formulation that is less confusing:

An MRI of the spine (only spine I assume including the pelvis) was performed demonstrating alterations that were interpreted as ischemic or inflammatory (is this an error and the MRI did NOT show any ischemic or inflammatory alteration or did this MRI really showed this pathology: If yes, what was the exact localization, which structures were involved and what was the causal interpretation). After this you wrote that an MRI displayed the occult fracture. Was this second MRI or was it the same, where the initially as ischemic or inflammatory interpreted changes secondarily interpreted as an occult fracture or was this fracture detected independently of the alteration mentioned above?

We have revised the formulation in our manuscript.

**Before:** An MRI of the spine was obtained, ruleing out an ischemic or inflammatory process, but however, the MRI revealed a non-displaced fracture of the right massa lateralis of the sacrum with surrounding osseous edema.

**Now:** An MRI of the spine and pelvis was obtained. It didn’t show an ischemic or inflammatory process, but however, the MRI revealed a non-displaced fracture of the right massa lateralis of the sacrum with surrounding osseous edema.

We just preformed one MRI, it didn’t show an inflammatory process but it did show the occult fracture.
Reviewer's report

Sacral stress fractures during pregnancy have not/rarely been described in the current literature. During pregnancy, this fracture is particularly challenging since adequate analgesic control is complicated by drug interactions with the fetus. Furthermore, diagnostic imaging must be considered carefully to reduce potentially harmful radiations.

The manuscript discusses a highly interesting case of a 26 year old pregnant patient with severe low back pain. The authors describe the medical history in detail presenting a precise diagnostic and clinical progress. The pathophysiological background of sacral stress fractures as well as the challenging treatment options during pregnancy are discussed adequately. In summary, the current manuscript reveals a highly interesting differential diagnosis, physicians should be aware of in case of long-term back pain during pregnancy.

The present study is dealing with an interesting topic. Consequently, we have only minor revisions regarding this manuscript:

1. Head line: A 26 years old women with an intrapartum sacral stress fracture to our clinic: A case presentation.

Revised: A 26 year old women presenting with an intrapartum sacral stress fracture to our clinic: A case presentation

2. Page 3: She previously ran one hour daily until.... [better: performed running /jogging]

Revised: She previously perfomed running one hour daily until approximately 12 months before her pregnancy

3. Page 4: Therefore peridural anesthesia was commenced.

Revised: Changed anesthesia (Am.) against anaesthesia (Br.)