Author's response to reviews

Title: Full-term abdominal extrauterine pregnancy complicated by post-operative ascites with successful outcome: a case report

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We are thankful and grateful for the peer reviewers helpful comments, questions and suggestions. Below, we respond to their comments:
Regarding the editorial team’s requests - we found it bizarre to mention that the patient was female as up to now no case of male pregnancy has been reported. The other requests have been addressed.

Mafalda Simoes

“I was very impressed with this case report because of its rarity and it surely seemed an authentic report.”
Thank you. We greatly appreciate your sentiments.

“If I were to consider the important authors to explain the type of health care in their country and to describe pregnancy surveillance. Why did this patient missed the first trimester ultrasound? Is this a frequent practice in your country? I believe so.
Do you have easy access to an ultrasonographer? I guess not, but I think the authors could simply explain why the first ultrasound scan was at 33 weeks of gestation. I understood that the patient was observed in her local clinic in her first episodes of abdominal pain, wouldn’t it be normal to do an ultrasound scan?”
It is quite common for the patients we see to go through their entire pregnancy without having a single ultrasound. Several factors contribute to this situation ranging from insufficient knowledge regarding prenatal care among women in our population, an overburdened and understaffed public health sector, limited advocacy by health workers and others; ultimately, the main underlying reason is that we live in a low-income country. Because of these limitations, that is why our patient did not have an ultrasound scan when she was seen at her local clinic during the time she had the first episodes of abdominal pain. Also, the abdominal pain might not have been severe enough for the patient to seek a second opinion. Paradoxically, if this patient had had an ultrasound scan when she first had abdominal pain she might not have this baby due to surgical intervention ending her pregnancy. By this preceding statement, we are certainly not implying that ultrasound scans should not be done.

“I think that there is no need to explain the Apgar Score.”
We have removed the explanation.

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“I also believe that there are some points that need to be reviewed, particularly in what concerns to the quality of language used. Scientific terminology should be reviewed.”
We have tried further to iron out language issues. Having said this, English is not our first language. We hope our command of the English language is acceptable.

Nikolaos Thomakos

“Advanced abdominal – extrauterine – pregnancy (AAA) is an uncommon but potentially frightening complication that frequently results in life – threatening maternal and fetal compromise.”
We agree
"In the present case, the patient’s obstetric history did not include a previous C/S or any other uterine pathology considered as risk factors (including uterine trauma, uterine overdistention, congenital uterine anomalies, placenta percreta or choriocarcinoma) that could result in a scarred uterus and subsequent AAA. Also, the increasing maternal age and fetal malpresentation could be additional risk factors for AAA. Unfortunately it is not discussed anything from the above information and the hypothesis of the AAA is a ruptured tubal ectopic pregnancy that subsequently re-implanted in the peritoneal cavity."

Unfortunately, we do not agree with these comments. In the available published literature (we cite representative articles); the leading cause of advanced abdominal pregnancy (AAP) is a ruptured tubal ectopic pregnancy. Risk factors for AAP would thus be likely those of ectopic pregnancy. In our manuscript, we cited a comprehensive paper on ectopic pregnancy.

"I understand that many of the deficiencies in the management are due to the restricted technical resources (low income of the country), but someone may recognize many limitations in this case report:
- A cardiotocograph was not performed in order to have some information for the fetal heart rate pattern, before the emergency C/S to be decided.
- “Hemostasis was achieved by means of huge hemostatic sutures”. Since the placenta was attached to the small bowel, large bowel and urinary bladder, huge hemostatic sutures could be very dangerous and risky to the above organs.
- I do not see any further work up for the ascites, except for tapping, iv fluids, antibiotics and LMWH. I cannot understand the reason for antibiotics use. Finally, I do not understand the explanation for the ascites formation, and I disagree with the option of an abnormal communication which developed due to increased intrabdominal pressure where the placenta was adherent to the urinary bladder. This explanation does not make sense and also in the case of a communication the work up is different (I.V.P.)."

It is quite correct that we are restricted in terms of technical resources. However, we fail to see how this restriction prevents us from reporting a rare case of AAP, which commonly occurs in low-income countries. Most of the peer reviewer’s comments are resource-related (which the reviewer acknowledges); we cannot unfortunately address these resource-related comments.
In the manuscript, we state: “We are aware of what may seem like deficiencies in management; we work in a low income country.”
In our setting with limited technical resources, we use several improvised devices and techniques such as for ascitic tapping. We used antibiotics to prevent peritonitis as we were using an improvised device and technique to tap the ascitic fluid.
The option of an abnormal communication which developed due to increased intra-abdominal pressure where the placenta was adherent to the urinary bladder is purely a hypothesis. We speculate that the grossly distended abdomen resulting from the ascites led to an increase in intra-abdominal pressure and at the point of weakness (where the placenta was adherent to the urinary bladder) an abnormal communication developed. We have attempted to clarify the peer reviewer’s concerns by expanding our explanation.

Chinmoy Bose

“I request the author considering rewriting of surgical procedure and to explain how they performed the operation. Let them explain their below statement in detail."
After assessment of the placental attachment site, a decision was made to remove the placenta. Hemostasis was achieved by means of huge hemostatic sutures.”

We have explained the statement.

Sincerely yours,
GM, ES, AM, EM, WN & SN