Reviewer’s report

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

Version: 5 Date: 20 August 2012

Reviewer: Nikolaos Thomakos

Which of the following following best describes what type of case report this is?: None

Has the case been reported coherently?: No

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?: No

Is the case report persuasive?: No

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:

Advanced abdominal – extrauterine – pregnancy (AAA) is an uncommon but potentially frightening complication that frequently results in life – threatening maternal and fetal compromise.

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. 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.).

Quality of written English: Acceptable

Declaration of competing interests:

I declare that I have no competing interests