Author's response to reviews

Title: Pregnancy in a unicornuate uterus: a case report.

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Author's response to reviews: see over
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Reviewer’s report

Title: Pregnancy in a unicornuate uterus: a case report.

Version: 4 Date: 22 November 2013

Reviewer: Florent FUCHS

Which of the following best describes what type of case report this is?: Unexpected or unusual presentations of a disease

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?: No

Does the case report have diagnostic value?: No

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

Is the anonymity of the patient protected?: Yes

Comments to authors:

-Once again, even after reviewing, many English corrections are extensively needed in every part of the manuscript, as some sentence cannot be understandable in the way they are written.

I corrected the manuscript, and now I hope that it is understandable.
- No specific introduction of the case reports (regarding its interest or its originality) is stated at the end of the introduction part.

I added a specific introduction of case reports at the end of the introduction part.

- Corrections made enabled to clarify case report part, but many English errors are still present throughout the manuscript.

The various English errors should have been corrected.

- The lines changed in the discussion does not present a clear statement of what is required when following unicornuate pregnancy, and rather state generalities. We just wanted to know if some treatment could decrease the obstetrical risks associated with unicornuate uterus (cerclage, progesterone...) This is not clearly stated.

We considered useful to perform a serial growth ultrasound examinations for assessing an eventual IUGR and an ultrasound cervix length measurement to assess the risk of preterm birth, and to prescribe a Ritodrine tocolytic therapy when contractions leaded to shorten the cervix length.

We don’t suggest a preventive cervical cerclage in woman with unicornuate uterus: it’s utility have been showed only for women with short cervix (<25mm).

The role of progesterone in later pregnancy is not clear so we decided to follow ACOG raccomandation which indicate progesterone supplementation only for prior spontaneous preterm birth and Cervical shortening (≤ 15 mm prior to 24 weeks).

The optimal management cannot be clearly stated. Further large observational and prospective studies are essential to investigate the treatments needed during pregnancies in this uterine anomaly.

Pregnancy in a unicornuate uterus is a rare condition and our study, added to the others will help to state the optimal management of this health condition.

**Quality of written English:** Not suitable for publication unless extensively edited  

**Declaration of competing interests:** I declare that I have no competing interests.