Reviewer’s report

Title: Atypical Presentation of Hemorrhagic Shock in Pregnancy: A Case Highlighting the Developing Field of Emergency Medicine in Israel

Version: 0 Date: 12 Jun 2019

Reviewer: Karen Gibbins

Reviewer's report:

This is a case presentation of uterine rupture at 21 weeks resulting in stated maternal hemorrhagic shock and fetal demise. The case is rare and important and deserves highlight. However, the presentation lacks important details and the conclusion that the survival of this patient is due to the EM model is not adequately substantiated. Revisions would make this a worthy publication.

1. Abstract: the case presentation ends abruptly without stating that there was a uterine rupture. Please add this narrative.

2. Background, lines 43-44: I would state that typically the diagnosis is made in patients in labor. It is not atypical to identify uterine rupture in a preterm patient if they are clearly laboring. It would also be appropriate to state that labor prior to 28 weeks rarely results in uterine rupture. In fact, induction guidelines at less than 28 weeks (e.g. for fetal demise) permit use of misoprostol because the uterine rupture risk is thought to be exceedingly low.

3. Case presentation, lines 52-53: The phrasing of this makes it seem as though the abdominal pain is an afterthought, when, in fact, it is the most important symptom. Please rephrase.

4. Case presentation, line 61: Given normal vital signs in lines 56-57, how was shock diagnosed?

5. Case presentation, lines 70-72: Please describe the surgical findings in more detail. Where was the rupture? How large? Was the fetus in the uterus or extruded? Was the placenta extruded? I understand that the focus is Emergency room care, but these are important findings.

6. Case presentation, line 72: the recovery and blood products need more detailed and specific description. This is far too vague.

7. Discussion, lines 88-91: This sentence is unclear and convoluted. Please rephrase.

8. Discussion: I appreciate your emphasis on cases in which uterine rupture was missed prior to the third trimester. However, given its extremely rare incidence, your message should focus on importance of surgical evaluation of unstable patients, as this is the only way to achieve diagnosis.

9. Discussion: the paragraphs on the importance of the EM model seem to come out of nowhere, as the specific EM role was not at all delineated in the case presentation. More detail in the case presentation is necessary to make the argument that the EM model improved outcome. Would not an obstetric triage model also have been successful? If not, why not? This conclusion is a significant stretch.

10. Discussion, line 140: What do you mean by antique?

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes
Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

No

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

No

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

Not relevant to this manuscript

Quality of written English
Please indicate the quality of language in the manuscript:

Needs some language corrections before being published

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