Author's response to reviews

Title: Prediction of uterine dehiscence using ultrasonographic parameters of cesarean section scar in the nonpregnant uterus: a prospective observational study.

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Version: 3 Date: 11 September 2014

Author's response to reviews: see over
I hereby submit the revised version of the manuscript entitled “Prediction of uterine dehiscence using ultrasonographic parameters of cesarean section scar in the nonpregnant uterus: a prospective observational study” by Michal Pomorski, Tomasz Fuchs and Mariusz Zimmer.

I thank the Reviewers for taking the time and assess the manuscript.

I strongly agree with their remarks and have used them as guidelines for revision of the manuscript. Please find below an itemised response to each comment and query. Appropriate changes were made to the manuscript.

Reviewer 1
Statistical analysis was explained more detailed – the description of logit model and decision tree analysis was added to the Material and Method section. Moreover the table containing the coefficients, standard errors, and P-values for the reduced logit model for probability of cesarean section scar dehiscence was added to the Results section.

As recommended, in the discussion section I justified the reason for reduction of the studied group.

The paragraph which begins on page 13 is now included to the Conclusions.

Reviewer 2
As recommended the abstract was reworded.

In the Introduction Pg. 4 “weeks” were changed to “weeks of gestation”.

In the Material and Method section the information was provided that both ultrasound devices were equipped with a 4-9 MHz transvaginal probe that allowed comparable visualization of the cesarean section scars. No clinical differences in terms of diagnosis accuracy were noted between those ultrasound devices.

All the ultrasonographic measurements were performed once in each patient by single operator – Michal Pomorski (certified by Polish Gynecological Society and Fetal Medicine
Foundation, member of American Institute of Ultrasound in Medicine). Tomasz Fuchs collected the data in form of creating a computer database. The intra- and interobserver agreement cannot be calculated, however the standardized approach used in this study to assess the cesarean section scar was already assessed in terms of reproducibility by Naji et al. (Naji O, Daemen A, Smith A, Abdallah Y, Saso S, Stalder C, Sayasneh A, McIndoe A, Ghaem-Maghami S, Timmerman D, Bourne T: Visibility and measurement of cesarean section scars in pregnancy: a reproducibility study. Ultrasound Obstet Gynecol. 2012, 40:549-56). The information presented above was provided in the Material & Method section and also in the Discussion section with and appropriate citation. The reasons for the use of transvaginal approach instead of transabdominal approach were specified in the Introduction and Discussion section with an appropriate citation.

As recommended Figure 2 was presented as A and B. In Fig. 2A the legend was removed.

I hope the Reviewers will find the corrections and clarifications satisfactory and the changes will convince the Reviewers and the Editor that my paper is worthy of publication in BMC Pregnancy and Childbirth.

With kind regards,
Michal Pomorski, MD, PhD