Reviewer's report

Title: Successful anticoagulant therapy for disseminated intravascular coagulation during conservative management of placenta percreta: A case report and literature review

Version: 0 Date: 05 Sep 2017

Reviewer: Wondimu Gudu

Reviewer's report:

Abstract section

- Back ground
* Unduly long.
  Line 51-53 Stating "literature review was done" suffices rather than putting the long statement

"Additionally, to understand this rare condition, we reviewed and discussed the related literature. For this, we performed an electronic literature search using the keywords "percreta" and "conservative management," "left," or "placenta in situ," including reports published between January 1995 and December 2016"

- Case presentation

  Should be revised to highlight the most important clinical data related with the case.

  Lines 59 to 68 should be removed (highlighted in the manuscript).

  This section should be dedicated to brief description of clinical presentation, findings, work up and management of your case.

Case presentation

- G5 P2?? What about the other 2 pregnancies?

- Revise "no medical history except for a history of two cesarean deliveries",

CD is an obstetric history, not medical

- "The placenta was located along the entire anterior uterine wall".
It is not a clear statement. Doesn't describe the exact location of the placenta (i.e., was it a fundal anterior? Was it on the anterior wall of the lower uterine segment?). If the patient had placenta previa, the relation of the lower edge of the placenta with the internal os of the cervix should have been described or descriptive terms such as "placenta previa totalis, partialis..." should be used.

Discussion

- The definitive (preferred) management of placenta accreta in modern obstetrics is hysterectomy. Considering the following facts listed below, why was not hysterectomy performed in your case?

* Patient being managed in a tertiary center with all specialties (surgeons, urogynecologist...) and equipments required for handling any possible peri-operative complications.

* The degree of placental adherence/invasion was already known preoperatively in this case. (One of the indications to leave the placenta in situ is when unsuspected placenta accreta is diagnosed intraoperatively and the necessary preparations were not made). Even then subsequent hysterectomy is recommended.

* The reason of differing hysterectomy cited by authors was the fact that the placenta invaded into the bladder. But, if multi-speciality care was planned hysterectomy could have been done leaving the part of the myometrium attached with the bladder intact.

* The woman is multiparous (3). Conservative management leaving the placenta insitu is rarely recommended in women desiring future fertility

- Was the patient counseled and involved in the clinical decision making process.

- DIC is a condition involving both the activation of coagulation cascade with concurrent fibrinolytic events. Considering that heparin can precipitate bleeding from the placental attachment site, do you recommend the use of heparin as a novel therapy?? Most standard text books do not recommend heparin in cases like presented here. The only possible indication is in patients who are at risk of thromboembolism. Gabbe's text book of obstetrics even states that the use of heparin is condemned!!
- Why was not postoperative prophylactic antibiotics administered?? I think the woman is a candidate for prophylactic antibiotics considering that a potential site (media) of bacterial proliferation (placenta) is left in uterine cavity.

Some of the concepts are repeatedly mentioned in the discussion section (especially related with fever and heparin)

- Authors conclude that DIC and Fever are not absolute indicators for conservative management of placenta accrete

* But clinical recommendations are to target the underlying condition (in this case retained placenta) in the treatment of DIC (especially in your patient who had very low fibrinogen level)

- Line 14 to 15 "Conservative management of the placenta accreta crucial to avoid the listed complications. Page 6 line 102 to 103 " to avoid surgical morbidity"

* But literature evidence is to the contrary where hysterectomy is actually indicated to avoid other potential life threatening complications

- The reason given to start heparin was that the fibrinogen level didn't improve after administration of FFP. Why was FFP not given before heparin?

- Any concern with the prolonged administration of heparin (18days)??

- Line 232

* Authors suggested IC without infection can be treated with heparin but in the previous Paragraph anticoagulant treatment of DIC irrespective of other clinical conditions was recommended

- Line 236

* How do you explain the raised CRP and WBC??
General comments

1. I think some of the files are bulky and better be put as supplementary files (e.g., findings of the literature review).

2. The literature review is more of a narrative synthesis which could be submitted as a separate manuscript. The case report can be submitted by revising the discussion part of the manuscript so as it is focused on the summarized findings of previous literature data in light of the current case report.

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

Unable to assess

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

Unable to assess

Are the conclusions drawn adequately supported by the data shown?
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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

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