Author’s response to reviews

Title: Endometrial carcinoma in a gravid uterus: A case report and literature review

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Author’s response to reviews:

August 07, 2019

Tovah Honor Aronin, Ph.D
Editor
BMC Pregnancy and Childbirth
RE: PRCH-D-19-00764

Dear editor:

Thank you for reviewing our manuscript titled “Endometrial carcinoma in a gravid uterus: A case report and literature review.” The reviewer’s comments were very helpful, and we have
revised our manuscript accordingly. Our point-by-point responses to the reviewer’s comments are provided below and highlighted in blue font in the revised manuscript.

We would like to take this opportunity to express our sincere gratitude to the reviewers who identified areas of the manuscript that needed corrections or modifications. We have revised the manuscript to improve the case presentation. The manuscript has been carefully reviewed by an experienced editor whose first language is English and who specializes in editing papers written by scientists whose native language is not English. We would also like to thank you for allowing us the opportunity to resubmit a revised copy of the manuscript.

We trust that the revised manuscript will now be suitable for publication in BMC Pregnancy and Childbirth

Sincerely,

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Reviewer’s comments
Thank you very much for your helpful comments. We have provided responses to the comments and explanations regarding revisions made to the manuscript.

Reviewer #1:
very nice presentation of the case and well designed review of literature
Thank you for your comments. We have made several revisions to improve the manuscript.

Reviewer #2:

Can we have more original document for histopathological report.specimen.MRI result.rtc

Thank you for your helpful comments. According to your suggestion, we have added content about the magnetic resonance imaging report, specimen, and histopathological report.

1. We have revised the description of the MRI as follows. “Magnetic resonance imaging (MRI) at gestational week 31 revealed total placenta previa, and the placenta was located mainly on the anterior side. Although intraplacental T2 dark band, uterine bulging, and heterogeneous placenta were not observed, we found myometrial thinning of the anterior wall and loss of myometrium between the placenta and bladder wall. The black arrow indicates loss of uterine myometrium between the placenta and bladder wall. Based on these findings, we suspected placenta accreta spectrum. No abnormal finding was observed in the fetus.”

2. We have revised the description of the gross findings in the surgical specimen, as follows: “The image shows a longitudinal section of the uterus, which was divided into 7 sections. After the placenta was removed, a white tumor measuring 2 cm in diameter involving the uterine fundal segment was seen. The black arrow indicates the 3-cm diameter tumor which was endometrial carcinoma involving the lower uterine segment; the white arrow indicates the tumor involving the uterine fundus. Both tumors were soft and white, and the macroscopic findings were similar in both tumors.”

3. We have revised the description of the histopathological findings in the surgical specimen as follows: “The image shows the histopathological findings in the resected uterine specimen. Well-differentiated adenocarcinoma with focal cribriform pattern, back-to-back structure without intervening stroma, and a papillary area are observed, and the glands have a smooth luminal contour. The tumor shows predominant glandular growth and a <5% nonsquamous solid component; thus, the tumor was diagnosed as endometrial cancer grade 1. The tumor at the lower uterine segment shows slight myometrial invasion. The white arrow indicates the tumor in the uterine lower segment which shows invasion of the placenta decidua and uterine myometrium. The black arrow indicates <50% myometrial invasion (hematoxylin and eosin stain, ×40.).”

We have revised this description on lines 118 to 119, on page 6, lines 123 to 128, on page 7, lines 133 to 134 on page 7, and the figure legends.