Author’s response to reviews

Title: Complicated COVID-19 in pregnancy: a case report with severe liver and coagulation dysfunction promptly improved by delivery

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24th June, 2020
Response Letter

Dear BMC Pregnancy and Childbirth. We thank the reviewers and Editor for the valuable comments and include a point-by-point response below.

Kind Regards

Mehreen Zaigham

Reviewer reports:

Reviewer 1: This is a very interesting and well written paper. I only have a question: did the patient undergo to sFlt-1/PIGF ratio evaluation to rule out HELLP/Preeclampsia?
I have found two taping errors; page 8 line 1: "... unable TO receive..."; page 8, line 2 "...not able TO receive..."
Reply: The patient did not undergo sFlt/PIGF ratio to rule of HELLP/Preeclampsia. This is an interesting point and we hope to investigate it in future cases. We have corrected the typing errors.
Reviewer 2: Dear authors, very interesting clinical case that should be published after minimal revision. There are limited data regarding clinical manifestations of SARS-CoV-2 infection during pregnancy, perinatal outcome and adverse effects on newborns. Line 18 - "mitotic pupils" - probably correct "miotic"
Reply: Thank you. We have corrected the mistake.

It's a pity that placenta was not examined. Histologic findings identified in the placenta (fetal and maternal parts) would be very valuable and would add information about the course of pregnancy. If the placenta was visualized microscopically, the timing of lesions can be estimated by a recognizable evolution of change.
Reply: We agree and it was indeed a pity that the placenta was not saved for pathological analysis. We hope to send the placentas of future patients for pathological analysis.

Infected COVID-19 patients have a hypercoagulable state. And given that pregnancy itself has a hypercoagulable shift; it can be suggested that COVID-19 infection during pregnancy is associated with high risk of maternal thrombotic complications. Especially in pregnant women with the presence of antiphospholipid antibodies, thrombotic microangiopathy, secondary infection, sepsis and comorbidities. So, the possibility of catastrophic antiphospholipid syndrome also should be ruled out. It is known that genetic thrombophilia and antiphospholipid syndrome, which in older patients results in thrombosis, in young women are manifested by miscarriages, undeveloped pregnancies, stillbirths, severe pregnancy complications such as preeclampsia, placental abruptio and HELLP syndrome.
Reply: We thank you for your useful reflection. We have expanded the discussion to include some of the key points you mentioned.

Sincerely,

Reviewer