Author’s response to reviews

Title: Cesarean scar endometriosis: Presentation of 198 cases and literature review

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Author’s response to reviews:

Dear editor,

Thank you for your letter and the comments concerning our manuscript entitled “Cesarean scar endometriosis: Presentation of 198 cases and literature review” (BMWH-D-18-00336). These comments were highly insightful and enabled us to greatly improve the quality of our manuscript. We read the comments carefully and made corrections according to the comments.

Revised parts of the manuscript are highlighted in yellow. We hope that the revisions and our accompanying responses will qualify our manuscript for publication in BMC Women’s Health. Our point-by-point response to each comment is shown below.

Response to the reviewer’s comments:

Reviewer #1:

1. Very interesting work. I found it acceptable for publication

Response: Thanks for this comment.
Reviewer #2:

1. Abstract needs to be improved especially conclusion (too hazy).

Response: Thanks for the suggestion. We have rewritten the abstract and the conclusion is clearer now.

2. Introduction should be more directed towards pathophysiology of endometriosis and previous studies.

Response: Thanks for the suggestion. A discussion of the pathophysiology of endometriosis has been added to the Introduction and unnecessary parts have been deleted.

3. Methods section is lacking cesarean section technique and different modalities of closure, type of suture materials, layers of closure, operation duration, medication....etc which could affect the occurrence of endometriomas and this was reflected on results section as well as discussion and this point is the greatest pitfall of the manuscript and its value.

Response: Thanks for the suggestion. In China, cesarean section is a common surgical procedure. The Pfannenstiel incision and the vertical midline incision are the two most commonly used abdominal skin incisions. A monolayer continuous suture is usually used to close the wound of the uterus, the peritoneum, and the fascia layer, and an interrupted suture is used to close the adipose layer. Absorbable catgut suture is the most frequently used suture material. The operation duration may depend on many factors, including the skills of the surgeon and the clinical situation of the pregnant women. In general, the operation duration is about half an hour.

The above-mentioned factors might affect the occurrence of CSE. However, the CSE patients in this study came not only from Shanghai but also from other cities, and they had undergone cesarean sections in different hospitals. Therefore, we were unable to obtain the details about the cesarean sections. This is probably the cause why most of the research on AWE or CSE lacks details about the cesarean section [1–3]. Probably, a large, prospective study is needed to confirm the effect of these factors on the occurrence of CSE. We have added an illustration in the revised manuscript.

Reference:


4. manuscript must be edited for language rules and punctuation.

Response: We are sorry for the errors in grammar and punctuation. In order to improve the writing, the manuscript has been edited by a professional.

5. statistical review is recommended also. some of values raise attention how they are not significant.

Response: Thanks for the suggestion. We have checked the data and recalculated the P-values in the tables. No other significant difference was found. For example, the age of the patients has been divided into three groups (≥35, 25–34, and ≤24) and still shows no significant correlation with the latency period.

6. table 2 to be edited carefully.

Response: Thanks. Table 2 has been re-edited in the revised manuscript.

7. writing result section should address the key finding of each table and leave the numbers to be reviewed in the table itself.

Response: Thanks for the suggestion. We have rewritten the Results section and key findings are addressed.

8. the figure has no actual value.

Response: Figure 1 has been deleted in the revised manuscript.

9. discussion should be focused on your key results and previous studies (specifically) not putting hypothesis for each finding without proofs.

Response: Thanks for the suggestion. We have rewritten the Discussion.

10. you got a great chance to measure out the incidence of scar endomtrioma comparing cases to the number of CS in the study period, great chance to measure the recurrence, great chance to search deeper through the CS details to find more data about contributing factors so kindly earn it.

Response: Thanks a lot for the suggestions. The incidence of CSE and the recurrence rate are of great importance to better understand the disease and devise precautionary measures. As mentioned above, the CSE patients in this study came from different cities and underwent cesarean sections in different hospitals. These factors make it difficult to measure the true incidence of CSE in this study. A large, prospective study remains necessary in the future to find out more about the contributing factors.
We appreciate the editors’ and reviewers’ kind work earnestly, and we hope that the corrections are sufficient to qualify for approval. Once again, thank you very much for your comments and suggestions.

Sincerely yours,