Author's response to reviews

Title: A preoperatively diagnosed advanced abdominal Pregnancy with a surviving Neonate: case report.

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Version: 5 Date: 29 August 2015

Author's response to reviews: see over
To: BioMed Central Editorial Team,
   Chris (Christopher Acuna)
   Journal of medical case reports

Subject: response to reviewers’ reports

Dear Editor (Christopher Acuna),

Thank you for considering the case report, “A preoperatively diagnosed advanced abdominal Pregnancy with a surviving Neonate: case report” (MS 8331145616230974), for publication in the Journal of medical case reports. The authors also pass their deepest gratitude to reviewers, Gwinyai Masukume and Nnabuike Chibuoke Ngene, for their valuable comments on the manuscript. All the changes made to the manuscript have been highlighted (red) in the revised paper and point-by-point responses to reviewers’ concerns follow below. Additional formatting to fit the requirements and some minor corrections to the body of manuscript have been made by the authors, which are also highlighted.

The authors again confirm that the manuscript is original and has not been published elsewhere.

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I. Response to Reviewer 1 comments

(Authors’ Responses are italicized and underlined)

1. The authors imply that Ethiopia is a low resource country. Ethiopia is classified as a low income country.

   - Comment well accepted. That is why we mentioned in the background section that the diagnosis is a challenge in low resource areas (for the patient is living in low income country, Ethiopia, where advanced imaging technologies were not readily available) (page 2, background section, lines 30-31)

2. What was the sex of the newborn? Is it possible to give the actual APGAR scores?

   Comment much appreciated & changes are made as follow

   - ‘Baby’ changed to ‘male neonate’ (case presentation section, paragraph 4, page 4 line 84)
   - ‘Good APGAR score’ changed to ‘having APGAR scores 7 and 9 in the 1st and 5th minutes respectively’ (Page 4, case presentation section, paragraph 4, lines 84-85)

3. The definition of abdominal pregnancy that the authors use is not the most widely used. Most classification/definition systems use a fetus growing and developing outside the uterus, etc. and the authors do not mention that broad ligament pregnancies are excluded from the definition – please may the authors see the definition in reference three that they cite (Nkusu Nunyalulendho D & Einterz EM) http://www.ncbi.nlm.nih.gov/pubmed/19053177.4

   - The definition we used was for abdominal pregnancy irrespective of gestational age. But since we are reporting on advanced abdominal pregnancy your comment is absolutely correct & we have redefined it as it was stated in reference 3. Hence

     ‘Abdominal pregnancy refers to a pregnancy that has implanted in the peritoneal cavity, external to the uterine cavity and fallopian tubes’ is changed to … ‘Advanced abdominal pregnancy (AAP) is defined as a pregnancy of over 20 weeks’ gestation with a foetus living, or showing signs of having once lived and developed, in the mother’s abdominal cavity. (Introduction, page 3, paragraph 1, lines 47-49).

4. The estimated incidence varies quite widely depending on geographical location, driven by prevalence of sexually transmitted infections, sophistication of the health care system and so on, thus mentioning one figure for the incidence can be misleading.
- the statement on incidence is revised as suggested and is re-written as Abdominal pregnancy has an incidence of about 1 in 400 to 50,000 deliveries; the variable incidence depends on the characteristics of a particular geographic region (Introduction, page 3, paragraph 1, lines 49-53)

- Additionally the statement ‘The estimated incidence of abdominal ectopic pregnancy is 1 per 10,000 births and 1.4 percent of ectopic pregnancies’ is changed to ‘Abdominal pregnancy accounts for 1.4 percent of ectopic pregnancies’. (Discussion, page 5, paragraph 1, lines 101-102)

5. Fetal and foetal are interchanged in the manuscript.
- All the words spelled ‘foetal’ are changed to ‘fetal’ throughout the manuscript & highlighted red. (page 3, paragraph 1, line 67 and conclusion section, page 8, line 156)

6. “It is widely accepted that the treatment of advanced abdominal pregnancy is immediate surgery…” Before this statement, the authors write, “The clinical presentation is variable and the optimal approach to the evaluation and management of abdominal pregnancy is not well determined.” There are case reports where expectant management of such pregnancies was advocated and successful, thus it cannot be a widely accepted standard of care to advocate immediate surgery in all cases (Masukume https://www.webmedcentral.com/article_view/4510). The authors do touch on this point, but not adequately in my view. I would suggest the authors read and cite the aforementioned reference.

Once again many thanks to this valuable comment. But we believe the two statements on the management of abdominal pregnancy were not contradictory as is explained below

- We discussed the management of abdominal pregnancy from general (any gestational age) to specific (for advanced abdominal pregnancy). Hence the statement ‘….optimal approach to the evaluation and management of abdominal pregnancy is not well determined…. ’ implies the general view for all abdominal pregnancies irrespective of gestational age and site of implantation. That is why as you mentioned there are reports of conservative management of abdominal pregnancies until viability. But ALMOST ALL advanced abdominal pregnancies which have reached the gestational age of viability immediate termination is the recommended or widely accepted management (in reference 3 which reviewed 163 cases; it is stated that …. Once the foetus has reached a viable age, there is little reason to delay delivery. ) Since we are reporting on an advanced abdominal pregnancy we majorly emphasized the management of such
pregnancies. Hence we haven’t recommended immediate surgery for all cases of abdominal
pregnancies.

But Correction made on the statement as follows

‘It is widely accepted that the treatment of advanced abdominal pregnancy is immediate surgery’
changed to ‘It is widely accepted that the treatment of advanced abdominal pregnancy is
immediate surgery once fetal viability is achieved’. (Discussion section; paragraph 4; page 6
lines 128-129)

Additionally the reference you suggested is read and cited. But the concept of conservative
management of abdominal pregnancies was discussed in brief because there are very limited
cases in the literature and which we have included in references (References 8; Diagnosis and
current concepts of management of advanced abdominal pregnancy and reference 10;
Minimally invasive management of an advanced abdominal pregnancy.)

7. I would suggest the authors also cite more recent similar cases from the literature

- Comment well taken and 2 of the references which were open access are included in place of 2
older references (reference1 and reference 6). But it is to be noted that we have limited our
references to the recommended maximum number as per the suggestion of the publisher.

II. Response to reviewer (referee ) 2

1. Abstract, Case presentation: What is “free from peritoneum?”

   Thanks for the comment and correction is made as follows

   ‘free from peritoneum’ changed to ‘from peritoneum’ (Abstract section page 2 line 38)

2. Case presentation: Indicate the gender of the neonate.

   - ‘Baby’ changed to ‘male neonate’ (case presentation section, page 4, paragraph 4, line 84)

3. Discussion, 4th paragraph, 2nd sentence: “In our case laparotomy…” Insert a comma after the
word case.

   - comment well taken & correction made (Discussion, 4th paragraph: page 6 line 130)

Revisions necessary for publication

4. Introduction, second paragraph, sentence: “Computerized tomography (CT) and Magnetic
resonance imaging (MRI) help in making early diagnosis.”
- Revision to the sentence made as suggested to read as: “Computerized tomography (CT) and Magnetic resonance imaging (MRI) may help in making diagnosis and planning intraoperative care.” (Introduction, Page 3, lines 56-57)
- The reference for the extra information is changed as suggested by reviewer (references section, page 9; reference 4; lines 192- 194)

5. Discussion, 3rd paragraph, sentence: “Our case presented late neglecting…” Replace “case” with “patient.”
- Thanks and ‘case’ is changed to ‘patient’ as suggested (Discussion, page 6, paragraph 3, line 123)

6. Figure 1b: Indicate the uterine cavity. If this is not possible, then exclude Figure 1b.
- Bold arrow is included in Figure 1b to show endometrial echo (slit) as suggested

7. The authors should emphasize/indicate measures that could be introduced to improve obstetric services in the patient’s health district in Ethiopia. For instance: The health system could also be blamed for the patient’s failure to attend antenatal care and her late presentation to a health facility despite the presence of abdominal pain. It is possible that improvement in the health education/promotion services, and home visits by community health workers would prevent the failure of women to attend antenatal care.
- Comment well appreciated. Since we are reporting on a single case report we were refrained from making strong recommendations which might be beyond the scope of the paper. It is true that health promotion and comprehensive preventive services (which are relatively weak in rural parts of Ethiopia) are crucial in detecting such obstetric/gynecologic complications. still it looks the late presentation of the patient seems mainly due to her poor health seeking behavior; because as you suggested there are community health workers in rural areas of Ethiopia (since 5 years back) who provide home to home preventive services like ANC.

8. Was the case story communicated to the health management office responsible for obstetric services? This is very important so as to help the obstetric team to introduce measures that would improve antenatal care services.
- The case story was well communicated with the hospital’s medical director office and hospital management staff beforehand. Local Media were also invited during the surgical procedure.
- There are performance quality improvement activities put forth in the hospital (in collaboration
with Jheptgo & The Ministry of Health) which give the opportunity to communicate/revise/audit maternal mortality & morbidity due to such complications as in our case. So the case was communicated both to hospital staff & the regional health bureau directly or indirectly.

Response to other concerns
Important date and times…….. Corrected & included (Case presentation; page 3, 1st paragraph, line 63)
Movie file: we have uploaded it successfully during the submission process; if need be we will upload it again
Consent: as we described in the Consent section of the paper we have secured a written consent to take the picture & report the case which we will mail to the editors.