Author's response to reviews

Title: Preservation of fertility by methotrexate treatment of placenta percreta and subsequent childbirth: a case report

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Version: 7
Date: 19 August 2015

Author's response to reviews: see over
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Version: 2
Date: 19 August 2015
Author’s response to reviews: see over
Thank you for consideration of our manuscript for publication in your journal. We have reviewed the above manuscript according to your reviewer’s comments.

Version: 5 Date: 27 July 2015
Reviewer: Dr. Kelli Barbour

Which of the following best describes what type of case report this is?: Other
If other, please specify:

Case represents a successful case of conservative management of placenta accreta with subsequent successful uncomplicated vaginal delivery.

Do you believe the case report is authentic?: Yes, appears to be authentic
Do you have any ethical concerns?: None
Is the Abstract representative of the case presented?: Yes
Does the Introduction explain the relevance of the case to the medical literature?: Yes
Does the article report relevant patient information?: Yes
Does the article report relevant physical examination findings?: Yes
Does the article report important dates and times in this case?: Yes
Does the article report the diagnostic assessments?: Yes
Does the article report the types of intervention?: Yes
Does the article report a summary of the clinical course of all follow-up visits?: Yes
If any information is missing from the reporting, please detail it here.: None identified - appropriate synopsis

Is the interpretation (discussion and conclusion) well balanced and supported by the case presented?: The discussion is well-balanced and supported. The conclusion does not provide an appropriate preci of the case.

We added comment on P7 line 154-158 “Early diagnosis is important so that the patient can be prepared and adequately counselled with regard to the treatment options and their possible consequences and fever may also represent an inflammatory response to tissue necrosis in the absence of any infectious source. Infectious morbidity can be reduced by use of prophylactic broad-spectrum antibiotic therapy [14].”

Does the case represent a useful contribution to the medical literature?: 
Yes. This case is helpful in that it reports the management and followup of conservative 
management of accreta.

Was written informed consent to publish this case obtained?: Yes Is the anonymity of the 
patient protected?: Yes - no HIPAA-protected data included

Additional comments to authors?:
Please address the following:

1. Discrepancy between the patient's gravida number - she should be a G2P0010
   We changed a discrepancy between the patient's gravida number → P3 line 55: 
   G1P0010, P4 line88: G2P1011

2. Recommend moving the patient's medical history on page 4 to around line 54 on page 3.
   We moved the patient's medical history on page 4 to page 3 line 55.

3. Please address whether D&Cs are considered risk factors for placenta accreta and 
   reassess your various lines as to whether the patient has identifiable risk factors (page 5 
   line 111 versus page 6 line 122 versus page 6 line 136)
   • We added comment on P6-7 line 140-141 “If dilatation and curettage become a risk of 
     placenta accrete, she may repeat placenta accreta.”.
   • We added comment on P6 line 124 “In this case, MTX was an effective for blood flow 
     reduction in her placenta diagnosed by MRI and ultrasound.”.
   • We added comment on P6 line 128 “But, she did not have a history of prior cesarean 
     delivery.”.
   • We added comment on P6 line 138 “In this case, MRI in post puerperium showed 
     absence of dark intraplacental bands.”.

4. Recommend rewriting conclusion as it currently does not represent your discussion 
   points
   We added comment on P7 line 154-158 “Early diagnosis is important so that the patient 
   can be prepared and adequately counselled with regard to the treatment options and 
   their possible consequences and fever may also represent an inflammatory response to 
   tissue necrosis in the absence of any infectious source. Infectious morbidity can be 
   reduced by use of prophylactic broad-spectrum antibiotic therapy [14] “.

Level of interest: An article whose findings are important to those with closely related 
research interests

Quality of written English: Needs some language corrections before being published

Declaration of competing interests: 
No competing interests
Thank you for consideration of our manuscript for publication in your journal. We have reviewed the above manuscript according to your reviewer’s comments.

Version:5 Date:25 July 2015
Reviewer: Dr. ELSPETH H WHITBY

Which of the following best describes what type of case report this is?: Presentations, diagnoses and/or management of new and emerging diseases

Do you believe the case report is authentic?: yes

Do you have any ethical concerns?: no

Is the Abstract representative of the case presented?: yes

Does the Introduction explain the relevance of the case to the medical literature?: yes but could include more detail
  We added comment on P3 line 52-55 “There has been a paradigm shift in term of treatment to more conservative methods of management involving uterine conservation and leaving the placenta in situ with adjuvant treatment of methotrexate in some cases or simply awaiting spontaneous resorption of the placenta.”

Does the article report relevant patient information?: Yes
Does the article report relevant physical examination findings?: No
Does the article report important dates and times in this case?: Yes
Does the article report the diagnostic assessments?: Yes
Does the article report the types of intervention?: Yes
Does the article report a summary of the clinical course of all follow-up visits?: Yes

If any information is missing from the reporting, please detail it here.: more detail and discussion should be included on why this patient has this condition without any known risk factors
  We added comment on P6 line 124 “In this case, MTX was an effective for blood flow reduction in her placenta diagnosed by MRI and ultrasound.”.
  We added comment on P6 line 128 “But, she did not have a history of prior cesarean delivery.”.
  We added comment on P6 line 138 “In this case, MRI in post puerperium showed absence of dark intraplacental bands.”.

Is the interpretation (discussion and conclusion) well balanced and supported by the case presented?:
no. this needs more detail. I addition a lot of the reference quoted are old and there has been a large amount of new publications in this area.


Does the case represent a useful contribution to the medical literature?:
no. it is not detailed enough and the MR images are not convincing for invasion. i think case amy mislead clinical practice as it stands.

I thought MR images and Doppler of ultrasound image in uterine serosa showed placental vessels were protruded.

Was written informed consent to publish this case obtained?:Yes Is the anonymity of the patient protected?:yes

Additional comments to authors?:
more detail is required especially on the lack of significant risk factors in the patients, the diagnosis, clearer images with relevant areas arrowed. Why this was interpreted as accreted not just retained placenta and use of more recent references.

We added comment on P7 line 154-158 “Early diagnosis is important so that the patient can be prepared and adequately counselled with regard to the treatment options and their possible consequences and fever may also represent an inflammatory response to tissue necrosis in the absence of any infectious source. Infectious morbidity can be reduced by use of prophylactic broad-spectrum antibiotic therapy [14] “.

Level of interest:An article of limited interest
Quality of written English:Acceptable
Declaration of competing interests:declare that i have no competing interests.