Author's response to reviews

Title: Prolapse of fallopian tube through abdominal wound after caesarean section mimicking scar endometriosis- an unusual case report.

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Author's response to reviews: see over
To

The Editor

Journal of Medical case report,

Sub: MS: 6663094551586451 Submission of Revised Manuscript

Dear Sir,

We intend to publish a case report entitled “Prolapse of fallopian tube through abdominal wound after caesarean section mimicking scar endometriosis- an unusual case report” in your esteemed journal.

In response to your mail and as per reviewer’s comments I have made the following changes in the manuscript and all the changes that have been incorporated in manuscript are highlighted with red colored font.

Reviewer 1. Manuscript has been carefully edited to eliminate writing and language errors.

2. USG picture: USG picture could not be retrieved although USG findings showed uterus and both ovaries were normal but abdominal wall had ill defined mass measuring 2X2 cm in size at the site of wound.

USG finding were suggestive of: ?endometriosis

? Granuloma

Reviewer 2.

Case presentation:
2nd line – please specify the type of incision for both – abdominal wall as well as cesarean section.

Midline Vertical (Mentioned in manuscript too)

There is no mention for wound dehiscence in the presentation in the abstract, so it is not reasonable to extend the conclusion as inadequate treatment for dehiscence. Also it may not be reasonable to state 6 months presentation as prolonged agony.

The authors are requested to change the conclusions in accordance to presentation or add more details involving the patient presentation in the abstract.
Abstract and conclusion has been modified as per reviewer’s suggestions.

Case presentation

• Please provide more details on the type of discharge from abdominal wound – purulent/ serosanguinous/ frank blood etc., and if antibiotic coverage was provided at this time.

serosanguinous/

As she was operated in some private hospital. So patient history revealed that she was given antibiotic coverage during this time

• The statement that the wound healed in one month with a 2 cm area in the incision is conflicting. Please clarify if the defect was persistent since her cesarean section or it healed.

The statement has been modified.

• Please mention if CT or MRI were considered or not considered for further delineation of the mass?

As USG and Fistugram was showing communication with peritoneal cavity. So CT or MRI were not considered.

• Please mention as to how long the patient was followed up after the surgery.

Monthly for 3 months and she had no complaint.

Discussion

• Check spelling for hysterectomy (2nd line)

spellings corrected

• Please rephrase the sentence no. 6 – the phrase “multiple factors contributing factors” appears repetition of words

Sentence reframed

Conclusion

• The phrase “patients perspective” is incomplete.

This typographical error has been removed.

• Please provide labeling for the image.

Figure 1 Showing Tube through wound and dilator as a probe in the tube.

• It will be valuable to add any preoperative image if available for the readers to understand the clinical presentation.

I am sorry but Preoperative image could not be saved

• Please consider adding any image with a probe in the tube, or a fistulogram if available.

Figure with probe in the tube has already been provided.

There are many other minor grammatical and syntax error in the manuscript. The authors are requested to spell check the document and revise the manuscript before resubmitting.

Manuscript revised
Kindly let me know if any more modifications are required.

Yours’ sincerely,

Sharanjit Kaur

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