Title: Delayed diagnosis of cesarean scar pregnancy: a case report

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Author’s response to reviews:

Dear Prof. Chinmoy Bose
Editor in Chief in Journal of Medical Case Reports

Enclosed please find our manuscript for submitting in Journal of Medical Case Reports.

According to the reviewer's comment, we revised our manuscript and we thought this manuscript was improved.

We thank you for your kind review of the enclosed manuscript and look forward to hearing a favorable reply from you soon.

Sincerely

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Response to Reviewers

Reviewer 1.

4. Does the article report the following information? Which information is missing, please specify.

The relevant physical examination findings: it would be better if the author mention on, location of the pain etc. of the patient.

Response

Thank you for your comments. The patient did not complain any specific symptom. Her only sign is a missed menstrual period. According to your point, we revised our manuscript as follows; (Page 3 Line 56-58, Page 4 Line 63-65)

“She did not have any medical, family, or psychosocial history. She had missed her menstrual period without any other symptom and visited a private obstetrical clinic to confirm the pregnancy. However, she was diagnosed with an abnormal pregnancy such as cervical or cesarean scar pregnancy by ultrasonography.”

“Although we could observe a definitive abnormally located gestational sac, the patient did not have any pain during the physical examination.”

9. Additional comments for the author(s)?

It is a case report on the hazard of delayed diagnosis CSP, I think you should mention this “delay” more in your article (because of late referral to your hospital, or the patient late admission to hospital or your hospital late diagnosis? I think it would be good to discuss the reason for that delay).

Response

Thank you for your comments. We agree with your opinion. The reason for delayed diagnosed of this case was that she ignored her unusual menstrual bleeding. She had a different character during her last menstrual period (scanty vaginal spotting only), but she did not have attention. If there was no vaginal spotting, the diagnosis would not be delayed. As your recommendation we revised this manuscript as follows; (Page 6, Line 115-118)

“Despite of these diagnostic tools, diagnosis of CSP is still deleyed. In this case, she had mistaken abnormal vaginal bleeding for normal menstrual cycle. Therefore, the diagnosis was delayed till 12 weeks of gestation.”
I advise you to add citation about “vacuum extraction method” as well on your sentence “Dilatation and curettage, hysteroscopy, laparoscopy, and laparotomy can be an operative treatment option [15-17].

Response

Thank you for your advice. As your comments we added citation about “vacuum extraction method” (reference 19) (Page 6, Line 130-131)

“Dilatation and curettage, vacuum extraction method, hysteroscopy, laparoscopy, and laparotomy can be operative treatment options [16-19].”


I guess local MTX injection in your case did not work enough to reduce the risk operation. If you had not injected MTX, you still would have performed the operation any way. I mean it did not change the treatment (laparotomy). However, you might speculate on the decline of b-hcg after the operation. You can question this decline and you can chalk this decline up to your previously applied MTX.

Response

Thank you for your comment. We agree with your opinion. The MTX injection could not change the treatment modality. The purpose of MTX injection was the stopping of fetal heartbeat (I mean fetal death). We expected that the risk of bleeding was decreased when the fetal cardiac activity was absent compared to the live fetus. We think that the decline of b-hcg after the operation was primarily due to the surgical removal of conceptus and placental tissues.

About this sentence “Hence, we chose laparotomy instead of uterine artery embolization in this case” also did you have future fertility concerns for this patient. Since she had only one child? UAEmb generally not advised in case of willingness to future fertility.

Response

Thank you for your comments. We did not choose UAEmb due to the concern about rare complication (pulmonary embolization) and further fertility. We comment about this as follows; (Page 7 Line 139-141).

“Also, she has only one living child therefore; we chose laparotomy instead of uterine artery embolization in this case.”
About this sentence “Laparoscopic procedures should be performed by a highly skilled surgeon and may inject vasopressin injection or binding of the uterine artery to reduce bleeding.” Laparoscopic coagulation or ligation (“biding” of the uterine artery to reduce bleeding).

Response

Thank you for your comments. As your comment we revised this sentence as follows; (Page 6 Line 132- Page 7 Line 134)

“Laparoscopic procedures should be performed by a highly skied surgeon, and vasopressin injection or laparoscopic coagulation or ligation of the uterine artery may be used to reduce bleeding.”

Systemic Mtx therapy seems to be relatively effective in patients with a beta hCG level of > 5000 IU/mL”: above 5000 or below 5000? If you mean above 5000, then do you have upper limit for beta hCG?

Response

Thank you for your comments. We are very sorry for our mistake. Surgery was the preferred method when serum b-hCG levels > 5,000 IU/L, the presence of embryonic cardiac activity, severe and persistent pain, gestational sac diameter > 4 cm and increasing hemoperitoneum on ultrasound examination. Medical treatment (systemic MTX) was preferred when initial serum b-hCG levels <5000 IU/L with hemodynamic stability. We corrected this manuscript and inserted a reference as follows; (Page 6 Line 127)

“Systemic MTX therapy seems to be relatively effective in patients with b-hCG levels < 5000IU/L [14].”

Simultaneously, we aspirated amniotic fluid for termination of the pregnancy.” You can write: mL amniotic fluid was aspirated.

Response

Thank you for your comment. As your comment, we revised this manuscript as follows; (Page 4 Line 72)

“Simultaneously, 2ml of amniotic fluid was aspirated for termination of the pregnancy.”
However, USG revealed a gestational sac in the anterior lower uterine segment with a living fetus measuring 4.83 cm (CRL) with positive cardiac activity, corresponding to 11 weeks 6 days of gestation.

Response

Thank you for your comment. As your comment, we revised this manuscript as follows; (Page 3 Line 60-62)

“However, USG revealed a gestational sac in the anterior lower uterine segment with a fetus measuring 4.83 cm (CRL) with positive cardiac activity, corresponding to 11 weeks 6 days of gestation.”

A 28-year-old woman (G3P1) who had undergone emergent caesarean delivery owing to a compound presentation at full term was referred to our institution with a suspicion of abnormal pregnancy.” her in this sentence instead of abnormal pregnancy you can say “ abnormally located gestational sac.”

Response

Thank you for your comment. We revised our manuscript according to your recommendation. (Page 3 Line 52)

“A 28-year-old Asian woman (G3P1) who had undergone emergent cesarean delivery owing to a compound presentation at full term was referred to our institution with a suspicion of abnormally located gestational sac.”

Reviewer 2.

9. Additional comments for the author(s)? Although this is not a unique case report, c-section scar pregnancy is very rare, and it is hard to conduct an RCT or study in a multicenter basis. Therefore, I think everybody’s experience is very important in finding our best treatment modality for this disease entity. I think this case report could be very helpful in this way. I am not sure if we could call this case a delayed diagnosed as 11w6d is pretty early in pregnancy. My advice is to have an extensive English revision before publication.

Response

Thank you for your comments. We agree with your opinion. We revised this manuscript as follows, and inserted references. (Page 7 Line 142)
“There was no established definition of advanced or delayed diagnosed CSP.”

And this manuscript had been revised by an Expert Company (Editage: edigage.com). We remarked language change with yellow colored highlight in the revised manuscript.