Author’s response to reviews

Title: Caesarean section scar ectopic pregnancy- A management conundrum: a case report

Authors:

Rumbidzai Majangara (majangararumbie@gmail.com)
Mugove Madziyire (gynaemadzi@y7mail.com)
Marshall Manase (tineyim@gmail.com)
Cladious Verenga (drcverenga@gmail.com)

Version: 1 Date: 08 Mar 2019

Author’s response to reviews:

08-03-2019

Dear Sir/ Madam

We would like to thank the reviewers for reviewing our manuscript and for the positive and useful comments that they raised. We have attempted to address their queries as shown below in our letter of response. Our responses/comments are in bold. The changes in the manuscript have been tracked.

Reviewer #1:

1. Do you believe the case report is authentic?
   Yes/

2. Do you have any ethical concerns? Please consider if local Institutional Review Board approval or ethical approval was obtained (if appropriate) and if the patient (or their parent or guardian in the case of children under 18) gave written, informed consent to publish this case and any accompanying images. A statement to this effect should appear in the manuscript.
   Comments: no ethical concerns
3. Does the Introduction explain the relevance of the case to the medical literature?
   Yes/

4. Does the article report the following information? Where information is missing, please specify.
   a. The relevant patient information, including:
      - De-identified demographic information (age, gender, ethnicity)
      - Main symptoms of the patient
      - Medical, family and psychosocial history
      - Relevant past interventions and their outcomes
   b. The relevant physical examination findings
   c. Important dates and times in this case (if appropriate, organized as a timeline via a figure or table); if specific dates could lead to patient identification, consider including time relevant to initial presentation, i.e. initial presentation at T = 0, follow up at T = 1 month.
   d. Diagnostic assessments, including:
      - Diagnostic methods
      - Challenges (e.g., financial, language/cultural)
      - Reasoning and prognostic characteristics (e.g., staging), where applicable
   e. Types and mechanism of intervention
   f. A summary of the clinical course of all follow-up visits
   Comments: yes

5. Is the interpretation (discussion and conclusion) well balanced and supported by the case presented?
   Comments: yes
6. Is the anonymity of the patient protected? Please consider any identifying information in images such as facial features or nametags, whether the patient is named etc. If not, please detail below.

Yes

7. Is the Abstract representative of the case presented?

Comments: yes

8. Does the case represent a useful contribution to the medical literature?

Comments: yes

9. Additional comments for the author(s)? yes

1) on line 67, 68: Treatment modalities are dependent on the case presentation. Women have been managed expectantly, medically with methotrexate or surgically (2,5). -->Also vacuum aspiration method is used for the treatment of the CSP, that can be found on the link: https://www.ncbi.nlm.nih.gov/pubmed/30338082

SEL, Görker, et al. Successful management of cesarean scar pregnancy with vacuum extraction under ultrasound guidance. Acute medicine & surgery, 2018, 5.4: 358-361. Thank you for suggesting the additional modality of vacuum aspiration of the scar ectopic. We added this to the text line 68-70 and line 157

2) on line 86-87: She declined a "Doppler" ultrasound evaluation scheduled for the next day. --> Later on when you examined the patient, could you managed to perform Doppler US? if yes what's the result? The TVUS done a week later showed evidence of trophoblastic circulation. We have added the explanation in the text line 97-98

3) on line 103: Because of the uncertainty, excision was postponed.---> what were the uncertainty here? it would be better to mention differential diagnosis here as well. Also without uncertainty is it prudent to operate a patient? therefore it would be better to say that you performed
diagnostic laparoscopy and hysteroscopy to identify the diagnosis... Thank you. We have mentioned that the laparoscopy and hysteroscopy were diagnostic. Because of obscured visibility during the endoscopic procedures, we decided to withhold further operating the patient until we had again confirmed the exact location of the pregnancy which would guide us as to which definitive operative procedure to perform. The uncertainty was of whether it was an intra-uterine or scar ectopic pregnancy and we have added to the text (line 106-113). We have also added to the text that it was a diagnostic procedure (line 100-101).

4) Why did you perform MRI; why were you not sure about your prediagnosis, it would be better to discuss those differential diagnosis to understand the situation much better. We performed the MRI as additional mapping of the location of the pregnancy which would help us to decide on the safest definitive operative procedure for the patient. We did not want a situation where we would unnecessarily mobilise the bladder or operate through adhesions with the risk of injuring other adjacent organs. Line 106 to 116 discuss our main differential diagnosis of intra-uterine threatened/inevitable miscarriage, cervical ectopic or scar ectopic pregnancy as well as why we performed an MRI scan.

5) on line 107: An emergency laparotomy was then performed on the same day---> why did you not try hysteroscopy again? also you made it certain that the diagnosis was CSP. it would be better to discuss how you chose to perform laparatomy here. The surgeons were available at the MRI evaluation and the anatomy was well delineated such that the diagnosis became certain. Hysteroscope was not the best option given that this was a type 2 scar ectopic which will be closer to the serosa with higher risk of bleeding. We have added this to the text (116). We felt that laparotomy would give us better control line 167-169.

Kind regards...

Reviewer #2:

1. Do you believe the case report is authentic?

Yes
2. Do you have any ethical concerns? Please consider if local Institutional Review Board approval or ethical approval was obtained (if appropriate) and if the patient (or their parent or guardian in the case of children under 18) gave written, informed consent to publish this case and any accompanying images. A statement to this effect should appear in the manuscript.

Comments:
No ethical concerns, consent statement is included

3. Does the Introduction explain the relevance of the case to the medical literature?
Yes

4. Does the article report the following information? Where information is missing, please specify.
   a. The relevant patient information, including:
      - De-identified demographic information (age, gender, ethnicity)
      - Main symptoms of the patient
      - Medical, family and psychosocial history
      - Relevant past interventions and their outcomes
   b. The relevant physical examination findings
   c. Important dates and times in this case (if appropriate, organized as a timeline via a figure or table); if specific dates could lead to patient identification, consider including time relevant to initial presentation, i.e. initial presentation at T = 0, follow up at T = 1 month.
   d. Diagnostic assessments, including:
      - Diagnostic methods
      - Challenges (e.g., financial, language/cultural)
      - Reasoning and prognostic characteristics (e.g., staging), where applicable
   e. Types and mechanism of intervention
f. A summary of the clinical course of all follow-up visits

Comments:
Relevant information is included.

5. Is the interpretation (discussion and conclusion) well balanced and supported by the case presented?

Comments:
Conclusion is supported by the case presented although ultimately TVUS was not effective for definitive diagnosis, would consider the recommendation that a protocol for higher-level followup is in place or a screening tool for at-risk patients presenting with concerning symptoms is implemented as the more important distinction would be between a relatively low-risk threatened abortion (expectant management) and more troubling scar pregnancy (immediate intervention indicated) when adequate bHCG is noted. Thank you for this comment. We have incorporated it in our conclusion (line 186-188)

6. Is the anonymity of the patient protected? Please consider any identifying information in images such as facial features or nametags, whether the patient is named etc. If not, please detail below.

Yes

7. Is the Abstract representative of the case presented?

Comments: Yes

8. Does the case represent a useful contribution to the medical literature?

Comments:
Yes

9. Additional comments for the author(s)?
Yours Sincerely

Rumbidzai Majangara

On behalf of the authors