Author’s response to reviews

Title: Hemoperitoneum due to Bleeding from a Vein Overlying a Subserous Uterine Myoma: A Case Report

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Discussion part needs to be elaborated more
This has been done. Pages: 5-6
Lines: 94-128

Is the interpretation (discussion and conclusion) well balanced and supported by the case presented? Its was too short
We added some references and revised the Discussion and Conclusions section. Pages:5-6
Lines: 94-128

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. NO We added the follow-up of the patient. Pages:3,4, 5
Lines: 52-53, 68-69
1. The blood pressure reading 80/P mmhg is vague. The diastolic pressure couldn’t be detected.

2. Right lower and upper tenderness is not clear. This has been revised. Page 3 Line 52

3. The tumour size at ultrasound scan is 95 x 65 cm. That seems too big and contradicts the laparoscopic findings of about 10x15 cm. The fact that the ultrasound investigation was performed by a radiology resident (unexperienced person) may have been the reason for the difference in size between ultrasound and laparoscopy.

4. It will be better for you to include results of tests done before surgery. Her hemoglobin level and hematocrit level is important because 400 ml hemoperitoneum cannot justify the unstable hemodynamic state mentioned in the case presentation unless there was prior anemia. We added the results of the test.

Pages: 3

Lines: 59-63

5. One of your differential diagnosis was ruptured ectopic pregnancy; did you perform plasma beta hCG assay before surgery? Could you please enumerate all the tests done before surgery?

Yes, her pregnancy test was negative.

We added all tests we performed. Page 4

Line: 77

6. Check Page 4, Line 3: No further bleeding was to be seen. This sentence was written incorrectly and has been deleted.

7. Page 4, Line 4: You said that she refused laparoscopic myomectomy and preferred open surgery. However, you also stated that she underwent diagnostic laparoscopy under general anesthesia.
Was it not for technical reasons that you preferred laparotomy over laparoscopy? If she did not consent to laparoscopy then why the diagnostic laparoscopy? The patient was taken to the operating room for a diagnostic laparoscopy with a suspicion of acute abdomen pain (a ruptured ectopic pregnancy, a hemorrhagic ovarian cyst, and a ruptured ovarian cyst,..), not for myomectomy.

The patient had rejected a laparoscopic myomectomy. Indeed, the patient had accepted a diagnostic laparoscopy for identifying the source of the problem.

8 In the discussion section

Page 5, Line 8; verify emergent surgery This part has been revised. Page:6

Line: 115

9. You should also include the ultrasound image to see how the dimensions of the fibroid were obtained  Sorry, we don’t access to ultrasound image. Because the patient had done her ultrasound in the other center.

10. Cases of post-partum rupture of blood vessel on uterine tumours/fibroids have been described in the literature. It would be interesting to do a literature search because in such conditions it will pose difficulties in diagnosis and treatment. This will enrich your discussion. The Discussion section has been revised. Pages: 5-6

Lines: 94-121

104-106

11. Could you please use FIGO 2011 classification to describe fibroid?

FIGO 2011 classification for the description of fibroids has been added in the text.

Page 4:

Lines: 86-87