

OBSTETRICS & GYNECOLOGY



NOTICE: This document contains correspondence generated during peer review and subsequent revisions but before transmittal to production for composition and copyediting:

- Comments from the reviewers and editors (email to author requesting revisions)
- Response from the author (cover letter submitted with revised manuscript)*
- Email correspondence between the editorial office and the authors*

**The corresponding author has opted to make this information publicly available.*

Personal or nonessential information may be redacted at the editor's discretion.

Questions about these materials may be directed to the *Obstetrics & Gynecology* editorial office:

obgyn@greenjournal.org.

Date: Nov 09, 2018
To: "Porshia Gabrielle Underwood" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-18-1903

RE: Manuscript Number ONG-18-1903

Delayed diagnosis of microperforate hymen leading to urethral coitus and dilation

Dear Dr. Underwood:

Your manuscript has been reviewed by the Editorial Board and by special expert referees. Although it is judged not acceptable for publication in Obstetrics & Gynecology in its present form, we would be willing to give further consideration to a revised version.

If you wish to consider revising your manuscript, you will first need to study carefully the enclosed reports submitted by the referees and editors. Each point raised requires a response, by either revising your manuscript or making a clear and convincing argument as to why no revision is needed. To facilitate our review, we prefer that the cover letter include the comments made by the reviewers and the editor followed by your response. The revised manuscript should indicate the position of all changes made. We suggest that you use the "track changes" feature in your word processing software to do so (rather than strikethrough or underline formatting).

Your paper will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by Nov 30, 2018, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

REVIEWER #1:

The authors describe an unusual case of a 23 year old woman with imperforate hymen who had been having sexual intercourse through her urethra.

No teaching points were provided.

The conclusions are just that thorough physical exams should be conducted.

Perhaps other considerations -female pelvic anatomy and reproductive systems teaching in schools?

More thoughts about history taking - did the patient report clear fluid leaking with intercourse as she was found to have on physical exam.

A more clear statement should be made in the discussion about why this case is important, rather than just a summary of literature. There should be more comparing and contrasting with existing reports?

REVIEWER #2:

This subject of this case presentation is of interest for all gynaecologists. But I wonder: what's new in this case that is not discussed earlier in other case presentations. In the manuscript this information is not addressed explicitly. So, what does this case presentation add to the existing literature?

1. The description of the case is a little bit boring to read because a lot of information is written two or three times in the same way.

2. The last sentence (r 60): I don't understand '...she reported improves symptoms with a pessary.' Which symptoms improved? what kind of pessary was used and why (was it for the urine incontinence?)

3. And...how do the authors know that the patient and her partner 'use' the vaginal canal when having intercourse?

REVIEWER #3:

This case report is an excellent reminder of the importance of a detailed versus a cursory gynecologic examination. While the report describes an uncommon problem, it is important that all gynecologic practitioners be aware of the possibility of inadvertent penile/urethral intercourse. This case report clearly points out the "what" and "why" but is lacking in detail as to the "how."

Comments:

1. I would recommend the title be "Delayed diagnosis of microperforate hymen leading to urethral dilation secondary to coital activity."
2. Introduction - It is inconceivable that this patient had satisfactory intercourse without discomfort since the onset of penetrative sexual activity as stated in the manuscript. Likely it took months of gradual dilation of the urethra to accomplish full penetration. I would strongly encourage the authors to reconnect with this subject and get a more detailed history of early attempts at intercourse.
3. Case - Was there an attempt to determine if the "copious clear fluid that drained with palpation" was actually urine? Why was an MRI done rather than an in-office pelvic ultrasound? What is the mechanism for the pessary to improve incontinence symptoms? Is it to add pressure to close the dilated urethra?
4. Summary and Conclusion - line 67, replace words "a few" with "well."

EDITOR COMMENTS:

1. The Editors of Obstetrics & Gynecology are seeking to increase transparency around its peer-review process, in line with efforts to do so in international biomedical peer review publishing. If your article is accepted, we will be posting this revision letter as supplemental digital content to the published article online. Additionally, unless you choose to opt out, we will also be including your point-by-point response to the revision letter, as well as subsequent author queries. If you opt out of including your response, only the revision letter will be posted. Please reply to this letter with one of two responses:

1. OPT-IN: Yes, please publish my response letter and subsequent email correspondence related to author queries.
2. OPT-OUT: No, please do not publish my response letter and subsequent email correspondence related to author queries.

2. A signed consent form must be obtained from each patient described in a case report. In all cases (photograph or video) in which a human image is shown (in part or whole), written consent must also be obtained. A sample form is available online at <http://edmgr.ovid.com/ong/accounts/release.pdf>. It is preferable to give the patient the opportunity to read the manuscript.

Please state in the cover letter with your submitted manuscript that you have obtained a signed consent form and that this form will be filed with your records. Unless the editorial office requests that you do so, please do not submit the signed form to the journal.

3. Standard obstetric and gynecology data definitions have been developed through the reVITALize initiative, which was convened by the American College of Obstetricians and Gynecologists and the members of the Women's Health Registry Alliance. Obstetrics & Gynecology will be transitioning as much as possible to use of the reVITALize definitions, and we encourage authors to familiarize themselves with them. The obstetric data definitions are available at <http://links.lww.com/AOG/A515>, and the gynecology data definitions are available at <http://links.lww.com/AOG/A935>.

4. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Case Reports should not exceed 8 typed, double-spaced pages (2,000 words). Stated page limits include all numbered pages in a manuscript (i.e., title page, précis, abstract, text, references, tables, boxes, figure legends, and appendixes).

5. Specific rules govern the use of acknowledgments in the journal. Please edit your acknowledgments or provide more information in accordance with the following guidelines:

- * All financial support of the study must be acknowledged.
- * Any and all manuscript preparation assistance, including but not limited to topic development, data collection, analysis, writing, or editorial assistance, must be disclosed in the acknowledgments. Such acknowledgments must identify the entities that provided and paid for this assistance, whether directly or indirectly.
- * All persons who contributed to the work reported in the manuscript, but not sufficiently to be authors, must be

acknowledged. Written permission must be obtained from all individuals named in the acknowledgments, as readers may infer their endorsement of the data and conclusions. Please note that your signature on the journal's author agreement form verifies that permission has been obtained from all named persons.

* If all or part of the paper was presented at the Annual Clinical and Scientific Meeting of the American College of Obstetricians and Gynecologists or at any other organizational meeting, that presentation should be noted (include the exact dates and location of the meeting).

6. The most common deficiency in revised manuscripts involves the abstract. Be sure there are no inconsistencies between the Abstract and the manuscript, and that the Abstract has a clear conclusion statement based on the results found in the paper. Make sure that the abstract does not contain information that does not appear in the body text. If you submit a revision, please check the abstract carefully.

In addition, the abstract length should follow journal guidelines. The word limits for different article types are as follows: Case Reports, 125 words. Please provide a word count.

7. Only standard abbreviations and acronyms are allowed. A selected list is available online at <http://edmgr.ovid.com/ong/accounts/abbreviations.pdf>. Abbreviations and acronyms cannot be used in the title or précis. Abbreviations and acronyms must be spelled out the first time they are used in the abstract and again in the body of the manuscript.

8. The journal does not use the virgule symbol (/) in sentences with words. Please rephrase your text to avoid using "and/or," or similar constructions throughout the text. You may retain this symbol if you are using it to express data or a measurement.

9. Figures - Please be sure to cite both figures within the text for the manuscript.

Figure 1: Please upload two versions of the image to Editorial Manager as a figure file (one with arrows and text, and one without). Arrows and text will be added back per journal style.

Figure 2: Please upload the image to Editorial Manager as a figure file.

10. If you choose to revise your manuscript, please submit your revision via Editorial Manager for Obstetrics & Gynecology at <http://ong.editorialmanager.com>. It is essential that your cover letter list point-by-point the changes made in response to each criticism. Also, please save and submit your manuscript in a word processing format such as Microsoft Word.

If you submit a revision, we will assume that it has been developed in consultation with your co-authors, that each author has given approval to the final form of the revision, and that the agreement form signed by each author and submitted with the initial version remains valid.

Again, your paper will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by Nov 30, 2018, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

John O. Schorge, MD
Associate Editor for Gynecology

2017 IMPACT FACTOR: 4.982

2017 IMPACT FACTOR RANKING: 5th out of 82 ob/gyn journals

In compliance with data protection regulations, please contact the publication office if you would like to have your personal information removed from the database.

November 29, 2018

Re: Revision of manuscript, "Delayed diagnosis of microperforate hymen leading to urethral coitus and dilation"

The Editors
Obstetrics & Gynecology
409 12th Street, SW
Washington, DC 20024-2188

Dear Editors:

On behalf of my co-authors, I am pleased with the opportunity to revise and submit the manuscript, which is newly titled "Delayed diagnosis of microperforate hymen leading to urethral dilation secondary to coital activity" for consideration for publication as a case report in *Obstetrics & Gynecology*. Each author participated actively in the preparation of this original work. None of the authors has a financial or other conflict of interest.

Below you will find the previous comments from reviewers with our response and corrections:

REVIEWER #1

Comments: The authors describe an unusual case of a 23 year old woman with imperforate hymen who had been having sexual intercourse through her urethra. No teaching points were provided. The conclusions are just that thorough physical exams should be conducted. Perhaps other considerations -female pelvic anatomy and reproductive systems teaching in schools?

Response: Thank you for this feedback and the opportunity to strengthen our manuscript. This anomaly was missed by three gynecologists likely because of a cursory exam, so our goal was to highlight the importance of a thorough examination of the external genitalia. We have clarified this in the last sentence of the introduction (line 38-41) which now states "The case highlights the importance of starting every pelvic examination with visual inspection and identification of external genital structures before insertion of the speculum, a step that when overlooked can result in delayed diagnosis of genital anomalies." A heading for teaching points was also included to highlight this point.

We have also made edits in the discussion. Specifically lines 132-140 which now state "This case serves as a reminder of not only the importance of taking a complete sexual history but also performing a thorough examination of the external genitalia prior to insertion of the speculum and documenting the appearance of the urethral meatus and hymen. Overlooking this crucial step in pelvic examination can lead to missed opportunities in diagnosis of vaginal and hymenal anomalies or variations. Clinicians should remind learners including medical students and residents about the importance of visual inspection with goal of increasing awareness about normal genital differences versus genital anomalies. While gynecologists are

more often performing pelvic exams on young women, education of genital anomalies and variations should also extend to pediatricians and other adolescent providers. ”

Comment: More thoughts about history taking - did the patient report clear fluid leaking with intercourse as she was found to have on physical exam.

Response: Yes, the patient did report leakage of fluid with intercourse which is described in lines 57-59. To review, the report states "Since then she has been sexually active with male partners and described full penetration without any significant pain, though she did report leakage of fluid."

A more clear statement should be made in the discussion about why this case is important, rather than just a summary of literature. There should be more comparing and contrasting with existing reports?

Response: again thank you for the feedback. We hope the changes made to the discussion provide more clarity.

REVIEWER #2

Comments: This subject of this case presentation is of interest for all gynaecologists. But I wonder: what's new in this case that is not discussed earlier in other case presentations. In the manuscript this information is not addressed explicitly. So, what does this case presentation add to the existing literature?

Response: Thank you for taking the time to review our manuscript. While cases of urethral coitus due to hymenal anomalies have been described in the literature, we feel like this case is unique because the patient was misdiagnosed by several gynecologists. We hope that this case serves as reminder to start all pelvic examinations with visual inspection of the external genitalia and to document anatomy including urethral orifice and hymen.

Comment: The description of the case is a little bit boring to read because a lot of information is written two or three times in the same way.

Response: Thank you for this feedback. Several changes were made in the case section to minimize repetition.

Comment: The last sentence (r 60): I don't understand '...she reported improves symptoms with a pessary.' Which symptoms improved? what kind of pessary was used and why (was it for the urine incontinence?)

Response: Edits were made for clarification and the case section now reads in lines 89-93, "The patient was referred to urogynecology for evaluation and management of stress urinary incontinence. At her most recent follow up visit, she reported less frequent leakage of urine

with physical activity such as squats. She was changed from a ring with knob #3 pessary to a ring with knob #4 pessary and will continue follow up with urogynecology."

Comment: And...how do the authors know that the patient and her partner 'use' the vaginal canal when having intercourse?

Response: The patient received education about her anatomy in the post op period and she was motivated to redirect future partners to the vaginal canal. Lines 87-89 were edited to reflect this and now state "Post operatively, genital anatomy was reviewed in detail with the patient and she was motivated to avoid future urethral coitus. She reports now engaging in penetrative vaginal intercourse without any issues. "

REVIEWER #3:

This case report is an excellent reminder of the importance of a detailed versus a cursory gynecologic examination. While the report describes an uncommon problem, it is important that all gynecologic practitioners be aware of the possibility of inadvertent penile/urethral intercourse. This case report clearly points out the "what" and "why" but is lacking in detail as to the "how."

Comment: I would recommend the title be "Delayed diagnosis of microperforate hymen leading to urethral dilation secondary to coital activity."

Response: Thank you for this suggestion. The title has been changed.

Comment: Introduction - It is inconceivable that this patient had satisfactory intercourse without discomfort since the onset of penetrative sexual activity as stated in the manuscript. Likely it took months of gradual dilation of the urethra to accomplish full penetration. I would strongly encourage the authors to reconnect with this subject and get a more detailed history of early attempts at intercourse.

Response: The authors reconnected with the patient by phone. She confirms no significant pain with onset of sexual activity, maybe only slight discomfort. She thinks that her first partner described some resistance however this was not an issue with subsequent partners. Lines 56-59 now read "She reported only mild discomfort and resistance with her first sexual encounter. Since then she has been sexually active with male partners and described full penetration without any significant pain, though she did report leakage of fluid"

Comment: Case - Was there an attempt to determine if the "copious clear fluid that drained with palpation" was actually urine? Why was an MRI done rather than an in-office pelvic ultrasound? What is the mechanism for the pessary to improve incontinence symptoms? Is it to add pressure to close the dilated urethra?

Response: These patient's first few gynecological exams occurred at an outside clinic and per review of records the "anteriorly located pouch" was thought to be a vaginal anomaly such as vaginal agenesis. Pelvic ultrasound was first ordered for evaluation of anatomy and when this resulted negative, the provider ordered an MRI. This history has been clarified in the case section of the report with the following edits lines 52 - 54: "For further evaluation, pelvic ultrasound was performed and showed normal uterus and bilateral ovaries. Follow up Magnetic Resonance Image (MRI) then confirmed normal upper and lower reproductive tracts without obstruction. "

With regards to the mechanism of the pessary, the patient did report stress incontinence and therefore a pessary with knob was used for management. This has been added to the report.

Comment: Summary and Conclusion - line 67, replace words "a few" with "well."

Response: Thank you for this edit.

Below you will find response to the editor comments:

Comment: The Editors of Obstetrics & Gynecology are seeking to increase transparency around its peer-review process, in line with efforts to do so in international biomedical peer review publishing. If your article is accepted, we will be posting this revision letter as supplemental digital content to the published article online. Additionally, unless you choose to opt out, we will also be including your point-by-point response to the revision letter, as well as subsequent author queries. If you opt out of including your response, only the revision letter will be posted. Please reply to this letter with one of two responses:

Response: OPT-IN: Yes, please publish my response letter and subsequent email correspondence related to author queries.

Comment: A signed consent form must be obtained from each patient described in a case report. In all cases (photograph or video) in which a human image is shown (in part or whole), written consent must also be obtained. A sample form is available online at <http://edmgr.ovid.com/ong/accounts/release.pdf>. It is preferable to give the patient the opportunity to read the manuscript. Please state in the cover letter with your submitted manuscript that you have obtained a signed consent form and that this form will be filed with your records. Unless the editorial office requests that you do so, please do not submit the signed form to the journal.

Response: Yes, a signed consent form has been obtained from the patient and will be filed with our records. This form is available upon request.

Comment: Standard obstetric and gynecology data definitions have been developed through the reVITALize initiative, which was convened by the American College of Obstetricians and Gynecologists and the members of the Women's Health Registry Alliance. Obstetrics & Gynecology will be transitioning as much as possible to use of the reVITALize definitions, and

we encourage authors to familiarize themselves with them. The obstetric data definitions are available at <http://links.lww.com/AOG/A515>, and the gynecology data definitions are available at <http://links.lww.com/AOG/A935>

Response: Thank you for this recommendation. The authors have reviewed and become familiar with these definitions.

Comment: Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Case Reports should not exceed 8 typed, double-spaced pages (2,000 words). Stated page limits include all numbered pages in a manuscript (i.e., title page, précis, abstract, text, references, tables, boxes, figure legends, and appendixes).

Response: The manuscript has a word count of 1391 words and is now 8 typed, double spaced pages. The figures have been appropriately uploaded as a separate file and referenced in the text as instructed.

Comment: Specific rules govern the use of acknowledgments in the journal. Please edit your acknowledgments or provide more information in accordance with the following guidelines:

- * All financial support of the study must be acknowledged.
- * Any and all manuscript preparation assistance, including but not limited to topic development, data collection, analysis, writing, or editorial assistance, must be disclosed in the acknowledgments. Such acknowledgments must identify the entities that provided and paid for this assistance, whether directly or indirectly.
- * All persons who contributed to the work reported in the manuscript, but not sufficiently to be authors, must be acknowledged. Written permission must be obtained from all individuals named in the acknowledgments, as readers may infer their endorsement of the data and conclusions. Please note that your signature on the journal's author agreement form verifies that permission has been obtained from all named persons.
- * If all or part of the paper was presented at the Annual Clinical and Scientific Meeting of the American College of Obstetricians and Gynecologists or at any other organizational meeting, that presentation should be noted (include the exact dates and location of the meeting).

Response: The authors have no financial disclosures. This information is now reflected on the title page.

Comment: The most common deficiency in revised manuscripts involves the abstract. Be sure there are no inconsistencies between the Abstract and the manuscript, and that the Abstract has a clear conclusion statement based on the results found in the paper. Make sure that the abstract does not contain information that does not appear in the body text. If you submit a revision, please check the abstract carefully. In addition, the abstract length should follow journal guidelines. The word limits for different article types are as follows: Case Reports, 125 words. Please provide a word count.

Response: Thank you for the reminder. The abstract has been edited to meet the word count of 125 words. The information in the abstract is reflected in the body of the

Comment: Only standard abbreviations and acronyms are allowed. A selected list is available online at <http://edmgr.ovid.com/ong/accounts/abbreviations.pdf>. Abbreviations and acronyms cannot be used in the title or précis. Abbreviations and acronyms must be spelled out the first time they are used in the abstract and again in the body of the manuscript.

Response: Thank you for this feedback. The abbreviations used in the manuscript have been spelled out the first time they are used.

Comment: The journal does not use the virgule symbol (/) in sentences with words. Please rephrase your text to avoid using "and/or," or similar constructions throughout the text. You may retain this symbol if you are using it to express data or a measurement.

Response: The virgule symbol has been revised to only express a measurement of bacteria and has been removed from other areas of the manuscript.

Comment: Figures - Please be sure to cite both figures within the text for the manuscript.

Figure 1: Please upload two versions of the image to Editorial Manager as a figure file (one with arrows and text, and one without). Arrows and text will be added back per journal style.

Figure 2: Please upload the image to Editorial Manager as a figure file.

Response: Thank you for this reminder. The images have been removed from the manuscript. Photo 1 has been uploaded with and without the text and arrows as a figure file. Photo 2 has also been uploaded as a figure file. Both images are referenced in the case portion of the manuscript (lines 67 and 70 respectively).

If you have any questions regarding the manuscript, I will be serving as the corresponding author. Thank you in advance for your feedback and consideration of the case report. .

Sincerely,

Porshia Underwood, MD

Daniel Mosier

From: Underwood, Porshia [REDACTED]
Sent: Monday, December 10, 2018 12:08 AM
To: Daniel Mosier
Subject: Re: Manuscript Revisions: ONG-18-1903R1
Attachments: 18-1903R1 ms (12-6-18v2)_Revision_Underwood.docx

Good Evening Mr. Mosier,

We have reviewed the comments in the attached document.

We have no concerns about the minor edits in the document. The questions/requests for clarifying information have been addressed and included in the attached revision. Please let me know if you have any additional questions or concerns. We appreciate the feedback and chance to provide these revisions.

Best,

Porshia Underwood, MD
PGY-3 Obstetrics and Gynecology
University of Colorado Hospitals

On Dec 6, 2018, at 7:21 AM, Daniel Mosier <dmosier@greenjournal.org> wrote:

Dear Dr. Underwood,

Thank you for submitting your revised manuscript. It has been reviewed by the editor, and there are a few issues that must be addressed before we can consider your manuscript further:

1. Please note the minor edits and deletions throughout. Please let us know if you disagree with any of these changes.
2. LINE 30 (Deleted Text): Most of this is repetitive and presented adequately in the Case
3. LINE 39: At the authors' clinic? Or was this exam previously at Repro Medicine?
4. LINE 41: Transabdominal? Transperineal? Transurethral?
5. LINE 45: On presentation to our clinic (?),
6. LINE 66: The accompanying cover letter gives some description about why these pessaries were necessary, but please elaborate here on why they were used, for how long, etc.
7. LINE 77: It would be good fit here to insert the 'multiple failed attempts' (by who? Obgyns? ER docs? PCPs?) over years in line 37

Please let me know if you have any questions. Your prompt response to these queries will be appreciated; please respond no later than COB on **Monday, December 10th**.

Sincerely,

-Daniel Mosier

Daniel Mosier
Editorial Assistant
Obstetrics & Gynecology

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Web: <http://www.greenjournal.org>

<18-1903R1 ms (12-6-18v2).docx>

From: [REDACTED]
To: [Stephanie Casway](#)
Subject: Re: O&G Figure Revision: 18-1903
Date: Tuesday, December 4, 2018 10:29:50 PM

Good Evening Ms. Casway,

I have reviewed the images and approve the changes. No edits need to be made.

Thank you for your time,

Porshia Underwood, MD
[REDACTED]

On Dec 3, 2018, at 12:08 PM, Stephanie Casway <SCasway@greenjournal.org> wrote:

Good Afternoon Dr. Underwood,
Your figure has been edited, and PDFs of the figure and legend are attached for your review. Please review the figure and legend CAREFULLY for any mistakes. Note that Figure 2 is not attached, as no edits were made.

PLEASE NOTE: Any changes to the figures must be made now. Changes made at later stages are expensive and time-consuming and may result in the delay of your article's publication.

To avoid a delay, I would be grateful to receive a reply no later than Wednesday, 12/5.
Thank you for your help.

Best wishes,

Stephanie Casway, MA
Production Editor
Obstetrics & Gynecology
American College of Obstetricians and Gynecologists
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Washington, DC 20024
Ph: (202) 314-2339
Fax: (202) 479-0830
scasway@greenjournal.org

<18-1903 Fig 1 (12-3-18 v1).pdf><18-1903 Legend.pdf>