

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: Mar 14, 2019
To: "Richard Bernhard Mayer" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-19-192

RE: Manuscript Number ONG-19-192

Postpartum Galactostasis in the Vulva in a Case of Bilateral Lactating Ectopic Breast Tissue

Dear Dr. Mayer:

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 Apr 04, 2019, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: Authors presented a case of milk producing extra-mammary vulva mass in the postpartum period.

1. Generally well written, interesting case. Authors should be aware of at least 4 other case reports of vulva mammary glands presenting as fibroadenoma as well as vulvar carcinoma- mostly in postmenopausal women. However, theirs appears to be unique by presenting as a vulvar mass in the postpartum period- WITH milk production. A recent case was described by Saudi Arabia gynecologists (Baradwan S, Wadi KA. Unilateral ectopic breast tissue on vulva in postpartum woman: A case report. *Medicine (Baltimore)* 2018;97(6):e9887 albeit asymptomatic, WITHOUT milk production. A thorough review of previous presentations will therefore be useful.

2. Briefly include classification of supernumerary breast tissue as described by Karava in 1915- this will inform readers.

3. Please describe any additional diagnostic tests that can aid diagnosis (e.g., needle aspiration) and long term treatment (excisional biopsy). Include ultrasound images if available.

4. Please provide reference for van der Putte (line 86)

5. To validate the "first case" statement, please include search terms, sources and time period.

a. Kajava Y. The proportions of supernumerary nipples in the Finnish population. *Duodecim* 1915;1:143-70

b. Dordevic M, Jovanovic B, Mitrovic S, Dordevic G. Ectopic mammary tissue in vulva. *Vojnosanit Pregl.* 2008;65(5):407-409. doi: 10.2298/VSP0805407D

c. Tow SH, Shanmugaratnam K. Supernumerary mammary gland in the vulva. *Br Med J.* 1962;2(5314):1234-1236. doi: 10.1136/bmj.2.5314.1234

d. Kapila K, al-Rabah NA, Junaid TA. Ectopic breast tissue on the vulva diagnosed by fine needle aspiration. *Acta Cytol.* 1998;42(6):1480-1481. doi: 10.1159/000332190

e. Deshmukh SN, Maske AN, Deshpande AP, Shende SP. Unilateral ectopic breast tissue on vulva in an adult female. *Indian J Surg.* 2012;74(4):340-1.

Reviewer #2: This is an interesting case report but could use more fleshing out with regard to the patient's postpartum course. Also, this was her second pregnancy and delivery. Was she aware of this in a prior pregnancy? Was her provider?

Some specific feedback:

Line 56 - Does "peripheral" here mean outside? Independent from?

Line 57 - what was the timing of her complaints and subsequent incision? What type of laceration and what was its location?

Line 59 - better to describe the postpartum clinical course than cite it.

Line 69 - are there references that describe what lactating breast tissue looks like sonographically? If so, please include or mention that this does not yet exist.

Line 72 - please explain this abx choice

Line 76 - why was long term care "considered" rather than planned for. At the mention of longterm care, what is the long term care plan?

Line 83 - I would re-cite your reference here, highlighting that there are two theories

Line 92 - if there are publications that show cancer in ectopic breast tissue the "probably" in this sentence can be removed.

Line 95 - not in every country is breast cancer the most common malignancy, so you may want to qualify this, "in Europe and the US"

Line 96 - are there screening guidelines for extramammary breast tissue? Either way, should address it.

Reviewer #3:

1. This is a very interesting and unique case report of ectopic breast tissue with postpartum galactostasis resulting from an inadvertent obstruction of the duct caused by perineal laceration repair. While vulvar breast tissue has been reported in various ways (some of which are cited in this paper), this is a novel approach describing galactostasis causing postpartum vulvar mass and pain.

2. A figure illustrating the milk lines would be a helpful aid to your comments in line 47, as the lines cross the vulva in the area described in this case.

3. Consider omitting that the patient tasted the liquid to assist in determining it was breast milk. Ample radiographic evidence and appearance of the liquid seem to support the diagnosis.

4. In line 76, you suggest long term follow up was considered. Readers may be more interested in any such follow up, or a comment on the time interval between patient presentation and publication.

5. After referencing breast cancer malignancies in the vulva, stating ectopic breast tissue "probably" has malignant potential in line 92 seems almost counter-productive.

6. I'd also be curious about any perceived vulvar swelling during either of the patient's 2 pregnancies, or any perceived drainage of white liquid from the vagina or vulva after the patient's first pregnancy, if she breastfed that infant.

EDITOR COMMENTS:

1. Thank you for your submission to Obstetrics & Gynecology. In addition to the comments from the reviewers above, you are being sent a notated PDF that contains the Editor's specific comments. Please review and consider the comments in this file prior to submitting your revised manuscript. These comments should be included in your point-by-point response cover letter.

The notated PDF is uploaded to this submission's record in Editorial Manager. If you cannot locate the file, contact Randi Zung and she will send it by email - rzung@greenjournal.org.

- This is called a primacy claim: yours is the first, biggest, etc...In order to assert that, you need to provide the search terms used and the data base (s) searched (PubMed, Google Scholar, etc) to substantiate the claim. Otherwise, it needs to be deleted.

- this would flow better if you wrote: A 29 year old G2 P2 woman was transferred on the 5th day following a vaginal birth to our department with a painful 6 cm swelling located mostly on the right side, between the clitoris and the labia.

- was this prior to transfer? What type of incision? Where How much bleeding? Define polythelia. I'm unclear of the position of the accessory breast tissue. Both labia majora and minora?

- is

2. 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.

3. As of December 17, 2018, Obstetrics & Gynecology has implemented an "electronic Copyright Transfer Agreement" (eCTA) and will no longer be collecting author agreement forms. When you are ready to revise your manuscript, you will be prompted in Editorial Manager (EM) to click on "Revise Submission." Doing so will launch the resubmission process, and you will be walked through the various questions that comprise the eCTA. Each of your coauthors will receive an email from the system requesting that they review and electronically sign the eCTA.

Any author agreement forms previously submitted will be superseded by the eCTA. During the resubmission process, you are welcome to remove these PDFs from EM. However, if you prefer, we can remove them for you after submission.

4. 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 has adopted the use of the reVITALize definitions. Please access the obstetric and gynecology data definitions at <https://www.acog.org/About-ACOG/ACOG-Departments/Patient-Safety-and-Quality-Improvement/reVITALize>. If use of the reVITALize definitions is problematic, please discuss this in your point-by-point response to this letter.

5. 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 print appendixes) but exclude references.

6. Specific rules govern the use of acknowledgments in the journal. Please note 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 response in the journal's electronic author 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).

7. Provide a précis on the second page, for use in the Table of Contents. The précis is a single sentence of no more than 25 words that states the conclusion(s) of the report (ie, the bottom line). The précis should be similar to the abstract's conclusion. Do not use commercial names, abbreviations, or acronyms in the précis. Please avoid phrases like "This paper presents" or "This case presents."

8. 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.

9. 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.

10. 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.

11. Line 50: We discourage claims of first reports since they are often difficult to prove. How do you know this is the first report? If this is based on a systematic search of the literature, that search should be described in the text (search engine, search terms, date range of search, and languages encompassed by the search). If on the other hand, it is not based on a systematic search but only on your level of awareness, it is not a claim we permit.

12. Figure 1 may be resubmitted as-is.

13. Authors whose manuscripts have been accepted for publication have the option to pay an article processing charge and publish open access. With this choice, articles are made freely available online immediately upon publication. An information sheet is available at <http://links.lww.com/LWW-ES/A48>. The cost for publishing an article as open access can be found at <http://edmgr.ovid.com/acd/accounts/ifaauth.htm>.

Please note that if your article is accepted, you will receive an email from the editorial office asking you to choose a publication route (traditional or open access). Please keep an eye out for that future email and be sure to respond to it promptly.

14. 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 and that each author has given approval to the final form of the revision.

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 Apr 04, 2019, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

Nancy C. Chescheir, MD
Editor-in-Chief

2017 IMPACT FACTOR: 4.982

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

In compliance with data protection regulations, you may request that we remove your personal registration details at any time. (Use the following URL: <https://www.editorialmanager.com/ong/login.asp?a=r>) Please contact the publication office if you have any questions.

RE: Manuscript Number ONG-19-192

Cover letter of the revised manuscript

Dear Nancy C. Chescheir, MD
Editor-in-Chief

Please find enclosed the cover letter and the revised manuscript of our case report: Postpartum galactostasis of the vulva in a case of bilateral lactating ectopic breast tissue.

We have tried to consider all the reviewers' recommendations as well as the editor's recommendations and would be most grateful if you can consider it for publication in the your journal.

Yours sincerely

Richard Mayer

REVIEWER COMMENTS:

Reviewer #1: Authors presented a case of milk producing extra-mammary vulva mass in the postpartum period.

1. Generally well written, interesting case. Authors should be aware of at least 4 other case reports of vulva mammary glands presenting as fibroadenoma as well as vulvar carcinoma- mostly in postmenopausal women. However, theirs appears to be unique by presenting as a vulvar mass in the postpartum period- WITH milk production. A recent case was described by Saudi Arabian gynecologists (Baradwan S, Wadi KA. Unilateral ectopic breast tissue on vulva in postpartum woman: A case report. Medicine (Baltimore) 2018;97(6):e9887 albeit asymptomatic, WITHOUT milk production. A thorough review of previous presentations will therefore be useful.

Please see point 5.

2. Briefly include classification of supernumerary breast tissue as described by Karava in 1915- this will inform readers.

The classification is now mentioned in the discussion section - and the patient being presented is classified as category 4 according to Kajaval 1915.

3. Please describe any additional diagnostic tests that can aid diagnosis (e.g., needle aspiration) and long term treatment (excisional biopsy). Include ultrasound images if available.

There was no needle aspiration performed. Ultrasound images are included at the end of cover letter and can be implemented in the text if required. Ultrasound was performed using a Voluson S8 with a transvaginal probe (RIC 5-9MHz) and a planar Mamma probe (12L-RS 3,5-10,5MHz), GE Healthcare Austria Ltd./Kretztechnik, Zipf, Austria. Ultrasound findings are already incorporated in the text ("Ultrasound identified lactational breast tissue, with a nodular, largely homogeneous and moderately echogenic formation, strong perfusion, and a small cystic component (6 mm). There were additional cystoid structures, hypoechoic or anechoic, partly tubular, possibly suggesting lactiferous ducts. The surrounding soft-tissue was without particular findings.")

4. Please provide reference for van der Putte (line 86)

The reference was marked one sentence later and is now also attached directly after "van der Pute".

5. To validate the "first case" statement, please include search terms, sources and time period.

Search was performed using PubMed and Google Scholar for search items "ectopic breast tissue", "vulva" and publications were viewed as well as a search extension by "galactostasis" and "extra mammary gland" and "vulva" was performed on January 28th 2019 and a second time on March 16th 2019. No publication was seen fulfilling the description of "galactostasis of the vulva with ectopic breast tissue".

As there are no publications at all in English or German- there is obviously a very small risk of a case fulfilling the definition of the case presented by us.

The cases already published with "milk excretion" did not meet the criteria:

- *lactating adenomas (Anunobi CC, Obiajulu FJ, Banjo AA, Okonkwo AO. Vulva fibroadenoma associated with lactating adenoma in a 26-year-old Nigerian female. Case Rep Pathol. 2013;2013:195703; Dhaoui A, Nfoussi H, Kchir N, Haouet S. Vulvar lactating adenoma associated to a fibroadenoma: common neoplasms in an uncommon site. Pan Afr Med J. 2012;13:47; Lee ES, Kim I. Multiple vulvar lactating adenomas. Obstet Gynecol. 2011 Aug;118(2 Pt 2):478-80)*

- swelling in 38 weeks of gestation diagnosed by fine needle aspiration (Kapila K, al-Rabah NA, Junaid TA. Ectopic breast tissue on the vulva diagnosed by fine needle aspiration. *Acta Cytol.* 1998 Nov-Dec;42(6):1480-1)
- ectopic breast tissue mimicking periclitoral abscess post partual (Reeves KO, Kaufman RH. Vulvar ectopic breast tissue mimicking periclitoral abscess. *Am J Obstet Gynecol.* 1980 Jun 15;137(4):509-11)
- lactational ectopic breast tissue (Pieh-Holder KL. Lactational ectopic breast tissue of the vulva: case report and brief historical review. *Breastfeed Med.* 2013 Apr;8:223-5)

If required we can remove “the first case”.

a. Kajava Y. The proportions of supernumerary nipples in the Finnish population. *Duodecim* 1915;1:143-70

This publication is cited now in the Discussion.

b. Dordevic M, Jovanovic B, Mitrovic S, Dordevic G. Ectopic mammary tissue in vulva. *Vojnosanit Pregl.* 2008;65(5):407-409. doi: 10.2298/VSP0805407D

This publication is not cited in the text now considering that it is not presenting a pregnant or postpartual patient. We cited cases showing the heterogeneity of ectopic breast tissue of the vulva. If required this publication can be cited as well.

c. Tow SH, Shanmugaratnam K. Supernumerary mammary gland in the vulva. *Br Med J.* 1962;2(5314):1234-1236. doi: 10.1136/bmj.2.5314.1234

Cited now in the discussion.

d. Kapila K, al-Rabah NA, Junaid TA. Ectopic breast tissue on the vulva diagnosed by fine needle aspiration. *Acta Cytol.* 1998;42(6):1480-1481. doi: 10.1159/000332190

Cited now in the discussion.

e. Deshmukh SN, Maske AN, Deshpande AP, Shende SP. Unilateral ectopic breast tissue on vulva in an adult female. *Indian J Surg.* 2012;74(4):340-1.

Cited now in the discussion.

Reviewer #2: This is an interesting case report but could use more fleshing out with regard to the patient's postpartum course. Also, this was her second pregnancy and delivery. Was she aware of this in a prior pregnancy? Was her provider?

The patient had similar symptoms with swelling of the vulva and suspected ectopic breast tissue in the first pregnancy, showing milk secretion at the beginning of lactation that suspended during the first days of breast-feeding and without galactostasis. Delivery was in another University Hospital in Austria. Follow-up of the first pregnancy was uneventful and surgical removal was not carried out.

This is now mentioned in the "Case Report" section: "On the basis of the postpartal clinical course of the first pregnancy showing swelling of the vulva on both sides and milk secretion that disappeared in the following days, the patient was suspected with polymastia of the vulva. Surgical removal was not carried out in the time between the two pregnancies."

Postpartum course is now described in more detail in the "Case Report" section: "She was followed up for 5 weeks at our department, and long-term follow-up was planned twice a year at the Center of Competence for the Breast at Kepler University Hospital and the patient's gynecologist respectively. Surgery has not been performed so far although potential malignancy was discussed with the patient. Follow-up duration is one year now."

Some specific feedback:

Line 56 - Does "peripheral" here mean outside? Independent from?

Peripheral means outside and independent in a smaller obstetrical ward. It is mentioned now as "... a different hospital peripheral to our institution." Line 56.

Line 57 - what was the timing of her complaints and subsequent incision? What type of laceration and what was its location?

On the fifth day post-partum the patient presented with swelling and massive pain. An incision was performed suspecting an abscess - but only bleeding occurred and pain was worsening. Incision was done in the upper third of the labia minora on the right side (Fig. 1 is showing the site of incision in healing- this is mentioned now in capture of Fig. 1).

Suturing of a perineal tear grade 2 and rupture of the right labium minus was performed. This is now mentioned in the "Case report" section.

Line 59 - better to describe the postpartum clinical course than cite it.

We described the clinical course of the first pregnancy now and the recent clinical course.

Line 69 - are there references that describe what lactating breast tissue looks like sonographically? If so, please include or mention that this does not yet exist.

Gembruch U, Hecher K, Steiner H. *Ultraschall in der Geburtshilfe und Gynäkologie*. Springer Verlag Berlin Heidelberg 2013:831

Line 72 - please explain this abx choice

As cephalosporines are commonly used for gynecological infections and it is the first line in "normal" mastitis this oral antibiotic was used due to a slight inflammatory reaction.

Line 76 - why was long term care "considered" rather than planned for. At the mention of longterm care, what is the long term care plan?

Long term care was planned (we changed this now in the text) and examination is performed twice a year at the Breast Competence Center and at the gynecologist, respectively. Ultrasound examinations are performed, surgery has not been performed so far although potential malignancy was discussed with the patient. This is now mentioned in the text.

Line 83 - I would re-cite your reference here, highlighting that there are two theories

The reference is re-cited now.

Line 92 - if there are publications that show cancer in ectopic breast tissue the "probably" in this sentence can be removed.

"Probably" is removed now.

Line 95 - not in every country is breast cancer the most common malignancy, so you may want to qualify this, "in Europe and the US"

"..in Europe and the United States.." is now mentioned in the text.

Line 96 - are there screening guidelines for extramammary breast tissue? Either way, should address it.

We changed the sentence as follows: "..follow - up examination should be performed and removal seems to be advised even though there are no guidelines for extramammary breast tissue."

Reviewer #3:

1. This is a very interesting and unique case report of ectopic breast tissue with postpartum galactostasis resulting from an inadvertent obstruction of the duct caused by perineal laceration repair. While vulvar breast tissue has been reported in various ways (some of which are cited in this paper), this is a novel approach describing galactostasis causing postpartum vulvar mass and pain.

2. A figure illustrating the milk lines would be a helpful aid to your comments in line 47, as the lines cross the vulva in the area described in this case.

As by Journal policy the numbers of figures for case reports is limited to one figure and reviewers recommended to supplement ultrasound images as well - we might include it if allowed by the Editorial board.

3. Consider omitting that the patient tasted the liquid to assist in determining it was breast milk. Ample radiographic evidence and appearance of the liquid seem to support the diagnosis.

The sentence has been omitted now.

4. In line 76, you suggest long term follow up was considered. Readers may be more interested in any such follow up, or a comment on the time interval between patient presentation and publication.

Time Interval between patient presentation and publication is one year. Long-term care was planned (we changed this now in the text) and examination is performed twice a year at the Breast Competence Center and at the gynecologist, respectively. Ultrasound examinations are performed. Surgery has not been performed so far although potential malignancy was discussed with the patient. This is now mentioned in the text.

5. After referencing breast cancer malignancies in the vulva, stating ectopic breast tissue "probably" has malignant potential in line 92 seems almost counter-productive.

"Probably" has been removed.

6. I'd also be curious about any perceived vulvar swelling during either of the patient's 2 pregnancies, or any perceived drainage of white liquid from the vagina or vulva after the patient's first pregnancy, if she breastfed that infant.

The first infant was also breastfed. Swelling of the vulva and milk excretion also occurred in the first pregnancy - secretion disappeared after a few days of breast-feeding (this is now mentioned in the "Discussion" section). No vaginal excretion was seen in this patient following two pregnancies.

EDITOR COMMENTS:

1. Thank you for your submission to Obstetrics & Gynecology. In addition to the comments from the reviewers above, you are being sent a notated PDF that contains the Editor's specific comments. Please review and consider the comments in this file prior to submitting your revised manuscript. These comments should be included in your point-by-point response cover letter.

The notated PDF is uploaded to this submission's record in Editorial Manager. If you cannot locate the file, contact Randi Zung and she will send it by email - rzung@greenjournal.org.

- This is called a primacy claim: yours is the first, biggest, etc...In order to assert that, you need to provide the search terms used and the data base (s) searched (PubMed, Google Scholar, etc) to substantiate the claim. Otherwise, it needs to be deleted.

Please see Reviewer 1, point 5 Comments.

- this would flow better if you wrote: A 29 year old G2 P2 woman was transferred on the 5th day following a vaginal birth to our department with a painful 6 cm swelling located mostly on the right side, between the clitoris and the labia.

The sentence has been changed now as recommended.

- was this prior to transfer? What type of incision? Where How much bleeding? Define polythelia. I'm unclear of the position of the accessory breast tissue. Both labia majora and minora?

- The swelling and incision was prior to transfer.
- The paragraph has been rewritten: “..Due to pain and swelling following suturing of a birth laceration (i.e. suturing of a perineal tear grade 2 and rupture of the right labium minus), a scalpel- incision had been performed in the upper third of the right labium minus on the lateral site. The pain became worse and bleeding occurred, and the patient was therefore transferred to our department.”
- The bleeding was about 50ml.
- “..polythelia, defined as supernumary nipple or areola.” is now mentioned in the text.
- The position of the ectopic breast tissue is on both sides including labia minora and majora and the paragraph has been changed to: “..the patient reported discharge of a milky white fluid on the vulva, polymastia was suspected on both labia majora to labia minora, extending as far as the perineal area close to the anus, without polythelia, defined as supernumerary nipple or areola. ..”
- is
- ?- I am sorry, but I am not quite sure what was meant with “is”

2. 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.

Yes, please publish my response letter and subsequent email correspondence related to author queries.

3. As of December 17, 2018, Obstetrics & Gynecology has implemented an "electronic Copyright Transfer Agreement" (eCTA) and will no longer be collecting author agreement forms. When you are ready to revise your manuscript, you will be prompted in Editorial Manager (EM) to click on "Revise Submission." Doing so will launch the resubmission process, and you will be walked through the various questions that comprise the eCTA. Each

of your coauthors will receive an email from the system requesting that they review and electronically sign the eCTA.

Any author agreement forms previously submitted will be superseded by the eCTA. During the resubmission process, you are welcome to remove these PDFs from EM. However, if you prefer, we can remove them for you after submission.

4. 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 has adopted the use of the reVITALize definitions. Please access the obstetric and gynecology data definitions at <https://www.acog.org/About-ACOG/ACOG-Departments/Patient-Safety-and-Quality-Improvement/reVITALize>. If use of the reVITALize definitions is problematic, please discuss this in your point-by-point response to this letter.

The relevant "revitalize" definitions were used.

5. 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 print appendixes) but exclude references.

6. Specific rules govern the use of acknowledgments in the journal. Please note 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 response in the journal's electronic author 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).

Already done.

7. Provide a précis on the second page, for use in the Table of Contents. The précis is a single sentence of no more than 25 words that states the conclusion(s) of the report (ie, the bottom line). The précis should be similar to the abstract's conclusion. Do not use commercial names, abbreviations, or acronyms in the précis. Please avoid phrases like "This paper presents" or "This case presents."

A précis is now on the second page, bottom line.

8. 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.

The abstract has also been changed as follows (recommended): "...a 29-year-old G2 P2 woman..." and was checked to be conclusive.

9. 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.

Already done.

10. 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.

Already done.

11. Line 50: We discourage claims of first reports since they are often difficult to prove. How do you know this is the first report? If this is based on a systematic search of the literature, that search should be described in the text (search engine, search terms, date range of search, and languages encompassed by the search). If on the other hand, it is not based on a systematic search but only on your level of awareness, it is not a claim we permit.

Please see Reviewer 1, point 5 Comments.

12. Figure 1 may be resubmitted as-is.

13. Authors whose manuscripts have been accepted for publication have the option to pay an article processing charge and publish open access. With this choice, articles are made freely available online immediately upon publication. An information sheet is available at <http://links.lww.com/LWW-ES/A48>. The cost for publishing an article as open access can be found at <http://edmgr.ovid.com/acd/accounts/ifaauth.htm>.

Please note that if your article is accepted, you will receive an email from the editorial office asking you to choose a publication route (traditional or open access). Please keep an eye out for that future email and be sure to respond to it promptly.

14. 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 and that each author has given approval to the final form of the revision.

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 Apr 04, 2019, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

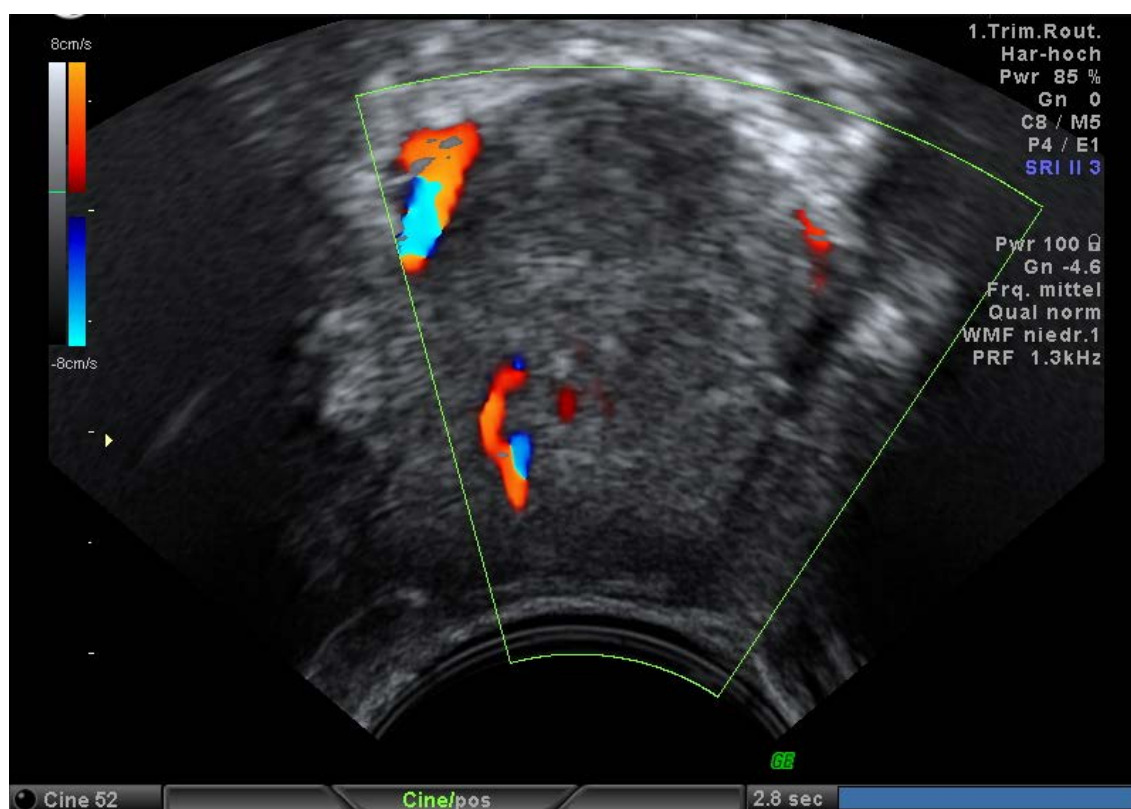
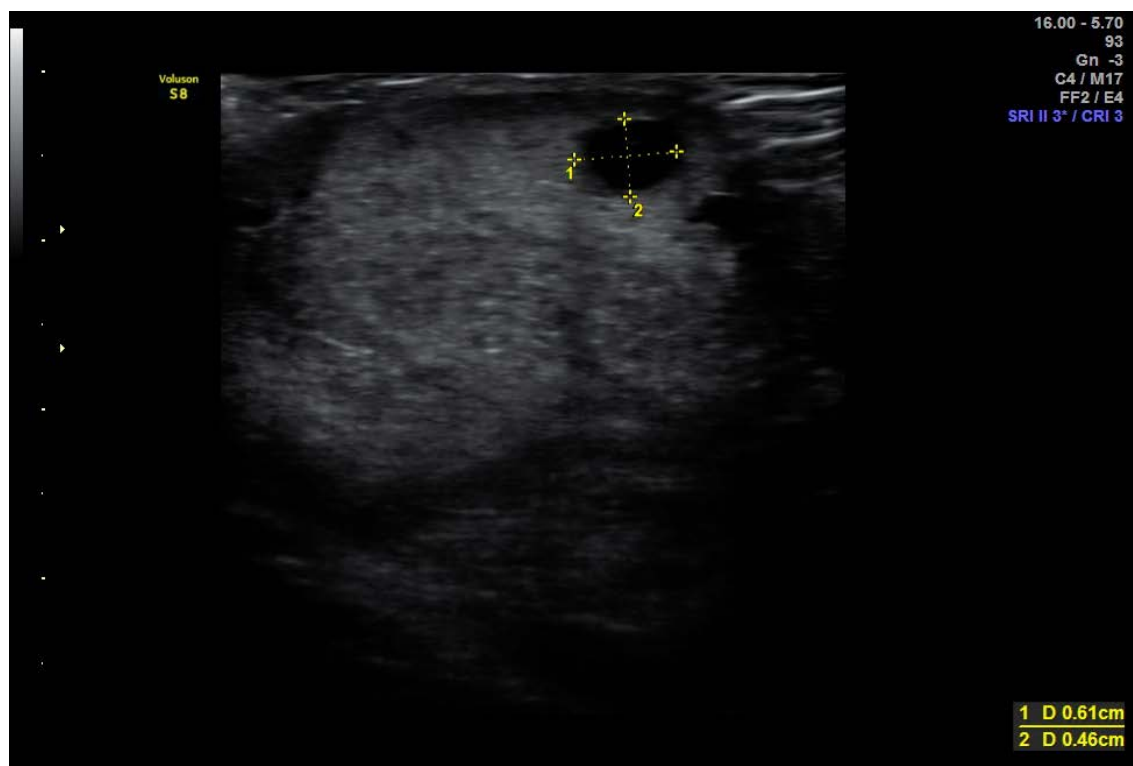
Nancy C. Chescheir, MD
Editor-in-Chief

2017 IMPACT FACTOR: 4.982

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

In compliance with data protection regulations, you may request that we remove your personal registration details at any time. (Use the following URL: <https://www.editorialmanager.com/ong/login.asp?a=r>) Please contact the publication office if you have any questions.







From: [REDACTED]
To: [Randi Zung](#)
Subject: AW: Your Revised Manuscript 19-192R1
Date: Sunday, April 14, 2019 5:44:54 PM
Attachments: [19-192R1 ms \(4-11-19v4\).docx](#)

Dear Randi Zung,

thank you for your comments and additional edits to this case report!

1. Title: We would like to suggest using "Postpartum" instead of "Postpartual" here.
I agree.
2. Author Byline: Associated Professor and Professor are positions, not degrees. Could you clarify with these authors about what academic degrees they would like to list? They may list up to two.
The degrees are changed to "MD" now.
3. Line 89: In the discussion you mention that she had milky secretions bilaterally which you don't mention in the case presentation. Please add that information here as well.
It is mentioned now in the ms in line 112 in the "case" section
4. Starting at Line 167: The citation style for this journal does not require that you include the authors' names here.
Thank you for correction.
5. Figure 2: The Editor would prefer to include the image that you have labelled as EBT 2 to the manuscript.
Please create a legend explanation here, and cite the new figure in the text of the ms as "(Figure 2)."
EBT2 is now mentioned in the manuscript (line 142) and a figure legend is created.

I completely agree with the additional comments (highlighted in green). Thank you for improving this case report!

With best regards,

Richard Mayer

Von: Randi Zung [mailto:RZung@greenjournal.org]
Gesendet: Donnerstag, 11. April 2019 16:34
An: Mayer Richard
Betreff: RE: Your Revised Manuscript 19-192R1

Dear Dr. Mayer:

Thank you for your responses. Dr. Chescheir has reviewed your latest version and has made some additional edits (highlighted in green) and comments (highlighted in yellow) in the attached file (v4).

1. Title: We would like to suggest using "Postpartum" instead of "Postpartual" here.
2. Author Byline: Associated Professor and Professor are positions, not degrees. Could you clarify with these authors about what academic degrees they would like to list? They may list up to two.
3. Line 89: In the discussion you mention that she had milky secretions bilaterally which you don't mention in the case presentation. Please add that information here as well.
4. Starting at Line 167: The citation style for this journal does not require that you include the authors' names

here.

5. Figure 2: The Editor would prefer to include the image that you have labelled as EBT 2 to the manuscript. Please create a legend explanation here, and cite the new figure in the text of the ms as "(Figure 2)."

This will likely be your final opportunity to review the document and make changes, so please review the text carefully before you send me your next version. If possible, we would like your final version by April 18.

Thank you,
Randi

From: Mayer Richard [REDACTED]
Sent: Thursday, April 4, 2019 3:41 PM
To: Randi Zung <RZung@greenjournal.org>
Subject: AW: Your Revised Manuscript 19-192R1

Dear Randi Zung,

thank you for your mail. I have tried to take all the recommendations into account. Due to the timeline of 48 hours it was not possible to approve my revision- notes by an accredited translator - I am sorry! If recommended and I can take a few days more for my revision, then I can do this as well.

Comments:

1. General Comments from Dr. Chescheir: Thank you for your revised manuscript. You will see on the attached Word document that I have made many recommendations to help with the readability of the paper, to use the active voice and to tighten the writing a bit. There are some areas of confusion for me about her clinical course—some of the text and your responses to the reviewer questions seem to be inconsistent. For instance, did she develop bleeding before or after the incision? At one point you mentioned that she bled as part of her initial symptoms, but then you mention that bleeding after the incision was a reason for the transfer. I've also asked you to present her full case in the order of its occurrence. You will see those notes.
I have tried to point it out more clearly now. Please see my comments in the text.

I know this looks like a lot. It is imperative to me that none of my suggested changes in any way change the facts of the case nor your intentions for the discussion. Your paper is relatively short, so I'd be pleased if you added the image of the "milk line" as a figure for print.

2. General: The Manuscript Editor and Dr. Chescheir have made edits to the manuscript using track changes. Please review them to make sure they are correct.
Yes, they are correct- please see my comments.

3. Author Byline: Please add any academic degrees to the byline for each author you would like to include (no more than two per person).

Done.

4. Sabine Enengl will need to complete our electronic Copyright Transfer Agreement, which was sent to them through Editorial Manager (EM@greenjournal.org).

Done.

5. Precis: Please note the edits made to this sentence. Do you approve?

I approve.

6. Teaching Points: Teaching Point 2 could just be, "Ectopic breast tissue has malignant potential."

I approve.

Would you consider adding something like the following as a 3rd teaching point?

"Diagnosis is important to differentiate from other vulvar masses, such as vulvar carcinoma, and to guide correct management."

I approve.

7. Line 73: Please define polythelia and polymastia here in the introduction. Please add the figure you mention in the response to author of the "milk line;" you don't need to add any of the ultrasound pictures as you describe them well.

Polythelia and polymastia are defined now. According to the picture of the "milk line" cited, there is the question rising if there seem to be problems with the copy- right of this picture, published in the British Medical Journal. I am sorry but I am not sure how this works in detail as it is the first picture I have to ad to a publication. May you please help me, taking your journal policy into account? .

8. Line 77: As noted in the comments to you previously, if you are going to note that this is the first of something, you need to provide in the paper the search you did to determine it was the first. I honestly don't think it adds anything to the paper for this to be "First" as it stands on its own as interesting and clinically relevant.

I approve.

9. Line 79: This information, from the introduction, is actually part of the case description. Please put it in the correct place in the introduction. "The patient described in the present case did not have any polythelia, but excretion through an excretory duct was observed (Fig. 1)."

That is done now.

10. Starting at Line 79: Most of my recommended re-writes are to put the case into active rather than passive voice. Please review them to make sure you approve.

11. Line 88: Did you have a description from the outside hospital of what the findings were at the time of the incision and drainage?

The short report of the peripheral hospital is included now in the text.

12. Line 90: I'm not sure from your comments if the bleeding occurred prior to the incision or after.

Bleeding occurred after the incision. It is re-written now.

13. Line 106: By “both” do you mean right and left (given that she had bilateral findings last pregnancy) or do you mean both the right sided labium majora and minora?
It was on the right and left side. Reaching from labium majora to minora and close to the anus (Fig. 1).

I’m not certain what you are saying here. The milky fluid “extend as far as the perineal body? Do you mean it dripped there or were there multiple ducts along that area? How did she know this to be able to report it? Or do you mean that the mass extended that distance. I suspect she did not “report” no polythelia, but rather this was a physical examination finding. Please clarify.
The mass extended that distance. It is re-written now.

14. Figure 1: Dr. Chescheir is asking why your submitted figure does not show the left side. To clarify, the figure and caption indicate that the patient only experienced this on the right side, correct?
Ectopic breast tissue was also on the left side. You can not see it because of the larger swelling on the right side. I added pictures from the follow up examination one- and two-weeks later, for better understanding.

Thank you very much for your comments to improve this case report!

Kind regards,

Richard Mayer

Von: Randi Zung [<mailto:RZung@greenjournal.org>]

Gesendet: Dienstag, 2. April 2019 21:09

An: Mayer Richard

Betreff: Your Revised Manuscript 19-192R1

Dear Dr. Mayer:

Your revised manuscript is being reviewed by the Editors. Before a final decision can be made, we need you to address the following queries. Please make the requested changes to the latest version of your manuscript that is attached to this email. **Please track your changes and leave the ones made by the Editorial Office.** Please also note your responses to the author queries in your email message back to me.

1. General Comments from Dr. Chescheir: Thank you for your revised manuscript. You will see on the attached Word document that I have made many recommendations to help with the readability of the paper, to use the active voice and to tighten the writing a bit. There are some areas of confusion for me about her clinical course—some of the text and your responses to the reviewer questions seem to be inconsistent. For instance, did she develop bleeding before or after the incision? At one point you mentioned that she bled as part of her initial symptoms, but then you mention that bleeding after the incision was a reason for the transfer. I’ve also asked you to present her full case in the order of its occurrence. You will see those notes.

I know this looks like a lot. It is imperative to me that none of my suggested changes in any way change the facts of the case nor your intentions for the discussion. Your paper is relatively short, so I’d be pleased if you added the image of the “milk line” as a figure for print.

2. General: The Manuscript Editor and Dr. Chescheir have made edits to the manuscript using track changes. Please review them to make sure they are correct.

3. Author Byline: Please add any academic degrees to the byline for each author you would like to include (no more than two per person).

4. Sabine Enengl will need to complete our electronic Copyright Transfer Agreement, which was sent to them through Editorial Manager (EM@greenjournal.org).

5. Precis: Please note the edits made to this sentence. Do you approve?

6. Teaching Points: Teaching Point 2 could just be, "Ectopic breast tissue has malignant potential."

Would you consider adding something like the following as a 3rd teaching point?

"Diagnosis is important to differentiate from other vulvar masses, such as vulvar carcinoma, and to guide correct management."

7. Line 73: Please define polythelia and polymastia here in the introduction. Please add the figure you mention in the response to author of the "milk line;" you don't need to add any of the ultrasound pictures as you describe them well.

8. Line 77: As noted in the comments to you previously, if you are going to note that this is the first of something, you need to provide in the paper the search you did to determine it was the first. I honestly don't think it adds anything to the paper for this to be "First" as it stands on its own as interesting and clinically relevant.

9. Line 79: This information, from the introduction, is actually part of the case description. Please put it in the correct place in the introduction. "The patient described in the present case did not have any polythelia, but excretion through an excretory duct was observed (Fig. 1)."

10. Starting at Line 79: Most of my recommended re-writes are to put the case into active rather than passive voice. Please review them to make sure you approve.

11. Line 88: Did you have a description from the outside hospital of what the findings were at the time of the incision and drainage?

12. Line 90: I'm not sure from your comments if the bleeding occurred prior to the incision or after.

13. Line 106: By "both" do you mean right and left (given that she had bilateral findings last pregnancy) or do you mean both the right sided labium majora and minora?

I'm not certain what you are saying here. The milky fluid "extend as far as the perineal body? Do you mean it dripped there or were there multiple ducts along that area? How did she know this to be able to report it? Or do you mean that the mass extended that distance. I suspect she did not "report" no polythelia, but rather this was a physical examination finding. Please clarify.

14. Figure 1: Dr. Chescheir is asking why your submitted figure does not show the left side. To clarify, the figure and caption indicate that the patient only experienced this on the right side, correct?

To facilitate the review process, we would appreciate receiving a response within 48 hours.

Best,
Randi Zung

— —

Randi Zung (Ms.)

Editorial Administrator | *Obstetrics & Gynecology*
American College of Obstetricians and Gynecologists
409 12th Street, SW
Washington, DC 20024-2188
T: 202-314-2341 | F: 202-479-0830
<http://www.greenjournal.org>