

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: Apr 11, 2019
To: "Shelby Dickison" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-19-379

RE: Manuscript Number ONG-19-379

Dermatomyositis presenting as vulvovaginitis

Dear Dr. Dickison:

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 May 02, 2019, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1:

OVERALL: This is a Case Report of a 31 year old woman who was diagnosed with dermatomyositis. This case was found not to be associated with a malignancy. The case report is missing the teaching points. Teaching points are key components and help focus readers on the salient components of the case.

There are no recent case reports like this in recent literature.

ABSTRACT:

1. Background: The background should include a specific reason for presenting this case - i.e a specific teaching point. The association of dermatomyositis with cancer should be stated in the background because that association seems to be an important part of the case report as written.
2. Case(s): The case component of the abstract should be a summary of pertinent features of the clinical findings. The way the case is presented here is focusing on the diagnosis, rather than [resenting symptoms and findings. Please include some information about laboratory abnormalities and the treatment and outcome of the case.
3. Conclusion: Please state what the principal finding was? Was it vulvovaginitis as a symptom of dermatomyositis? State what was so important about this case that resulted in a desire to write up and submit a manuscript. Why should this be published?

TEACHING POINTS:

4. Teaching points should be included. These are key for information for the readers. Teaching points inform the readers what they will learn from the case report. The teaching points should include one to three lessons for clinical management that come from your case report. See instructions for authors for more information

Manuscript headings:

INTRODUCTION:

5. Lines 93-96. The explanation of the physical exam should have a little more focus. Please describe the physical exam in a way that would clearly guide readers on what to look for were they to be presented with a similar case.
6. The introduction should include some information about why this case report is important and why it should be published.

7. Lines 103 and 109 - tested for STIs, treated for PID - why was she treated for pelvic inflammatory disease? And does that mean that the initial working diagnosis was PID?
8. No need to repeat the case in the discussion. Instead focusing the discussion on the main teaching points and contrasting with existing literature, or other aspects of the disease would help readers learn more.
9. Given that dermatomyositis is a finding associated with ovarian cancer it would have been interesting to have learned more specifically about the mechanism with ovarian cancer and if the presentation in this case was more or less likely to be associated with reproductive tract cancer.

Reviewer #2: The authors present a thorough review of a patient with dermatomyositis that presented as vulvovaginitis. They highlight the point that these patients often get treated for recurrent yeast or BV and often fail to have additional evaluation when seen through the lens of the Ob-Gyn. I would even further strengthen and re-enforce two take-homes from this case:

- 1) the importance of a biopsy when clinical findings are evident, and
- 2) the importance of consulting other specialties when a presumed vulvovaginitis is not responding to standard treatments as expected. This second point could be reinforced by including the expanded differential considered in this case and/or an expanded discussion to include other conditions that can on occasion present as gynecologic with vulvo-vaginal symptoms.

Reviewer #3:

the abstract was spelled as compliant (line 53).

I would recommend listing the detailed information with subheading to make it clear for the reader what they are going to read about. For example, you can include: Health history, signs and symptoms, testing and diagnosis, etc. A number of acronyms were used in the text. Some of them were easy and some others would be hard for non-medical students/professional to understand or know. I would recommend mentioning what the acronyms stands for at the first mention then to start using the acronym throughout the paper.

Line 173, the author discussed the risk between lung disease and cancer when no references has been provided to support this piece of information. The sentence on this line does not relate to the case or the results presented at the beginning of the paper. Try to provide a conclusion that is related to the case scenario presented in your paper. Providing laboratory results (without patient identifiers) in tables to provide a guidance and quick reference for busy readers would be beneficial.

The period needed for treating and diagnosing the patient was not reported. How many days did the patient received treatment and how long each diagnosis and analysis of specimens needed ? may be including a timeline to show the time of diagnosis to the time of treatment would provide a reference for future case treatments.

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.

- The précis is a single sentence of no more than 25 words, written in the present tense and stating the conclusion(s) of the report (ie, the bottom line). The précis should be similar to the abstracts conclusion. Do not use commercial names, abbreviations, or acronyms in the précis. Précis should be the "hook" for people who scan the Table of Contents to see what to read. It shouldn't not include statements like "in this study" or "we found". Just state what you found.

- Please consult the Instructions for Authors regarding the use of abbreviations, and what constitutes an acceptable abbreviation. This is not an acceptable abbreviation. Please spell out all abbreviations on first use. It is reasonable to not use abbreviations for words that are seldom used in the paper. We try to limit "unique" abbreviations so that readers don't have to frequently refer back to the first notation of the abbreviation to remember its meaning. In your case, using DM is problematic as many would associate this with diabetes mellitus. We realize that this may affect word count but believe it makes it easier in most cases for the reader.

- any particular cancers?

- not sure what the time frame here. Is her child 10 and all of these symptoms began after the birth of her child? Please clarify.

- how long previously?

- I assume these were incidental findings, not made due to symptoms?

- are you saying that the plaques were not lichenified or the labia?

- what was the extent of the work up?

- interesting that it seems she had significant other findings but these were not findings she was asking for help with. It sounds like her skin findings were fairly significant.

- do you plan any specific screening studies going forward?

- while she did develop zoster, that's not the point of the paper. I think you can eliminate image 3. Do you have any images of her other skin findings?

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:

- a. OPT-IN: Yes, please publish my response letter and subsequent email correspondence related to author queries.
- b. 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. Provide a short title of no more than 40 characters, including spaces, for use as a running foot.

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. Figures

When you submit your revision, art saved in a digital format should accompany it. Please upload each figure as a separate file to Editorial Manager (do not embed the figure in your manuscript file).

Figures should be saved as high-resolution TIFF files. The minimum requirements for resolution are 300 dpi for color or black and white photographs, and 600 dpi for images containing a photograph with text labeling or thin lines.

Art that is low resolution, digitized, adapted from slides, or downloaded from the Internet may not reproduce.

12. 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.

13. 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 May 02, 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.

Dear Dr. Chescheir,

We very much appreciate the opportunity to revise our manuscript (ONG-19-379) entitled "Dermatomyositis Presenting as Vulvovaginitis", for *Obstetrics and Gynecology*. We appreciate the reviewer's thoughtful suggestions and have made changes to our manuscript as requested by the reviewers and the editorial team.

We have also included our responses to the reviewers below this cover letter. Attached in the electronic submission section is the clean copy of our manuscript.

Again, we appreciate your time and the opportunity to publish our work in *Obstetrics and Gynecology*. Please do not hesitate to contact me if any other changes are required.

Sincerely,
Shelby Dickison

A black rectangular redaction box covering the signature area.

REVIEWER COMMENTS:

Reviewer #1:

OVERALL: This is a Case Report of a 31 year old woman who was diagnosed with dermatomyositis. This case was found not to be associated with a malignancy. The case report is missing the teaching points. Teaching points are key components and help focus readers on the salient components of the case.

Thank you for your comment. We have added the teaching point on Lines 70-76.

There are no recent case reports like this in recent literature.

ABSTRACT:

1. Background: The background should include a specific reason for presenting this case - i.e a specific teaching point. The association of dermatomyositis with cancer should be stated in the background because that association seems to be an important part of the case report as written.

Thank you for this comment. Yes, we agree and we have added that information to Line 49.

2. Case(s): The case component of the abstract should be a summary of pertinent features of the clinical findings. The way the case is presented here is focusing on the diagnosis, rather than [resenting symptoms and findings. Please include some information about laboratory abnormalities and the treatment and outcome of the case.

Thank you for this comment. Yes, we agree and we have added additional information on lines 53-56.

3. Conclusion: Please state what the principal finding was? Was it vulvovaginitis as a symptom of dermatomyositis? State what was so important about this case that resulted in a desire to write up and submit a manuscript. Why should this be published?

Thank you for your comment. We agree and we highlighted the importance of the case on lines 58-60.

TEACHING POINTS:

4. Teaching points should be included. These are key for information for the readers. Teaching points inform the readers what they will learn from the case report. The teaching points should include one to three lessons for clinical management that come from your case report. See instructions for authors for more information

Thank you for your comment. We have highlighted the teaching points on lines 70-76.

Manuscript headings:

INTRODUCTION:

5. Lines 93-96. The explanation of the physical exam should have a little more focus. Please describe the physical exam in a way that would clearly guide readers on what to look for were they to be presented with a similar case.

Thank you for the comment. We have focused the vulvovaginal exam on lines 113-119.

6. The introduction should include some information about why this case report is important and why it should be published.

Thank you for your comment. We included more information as to why this case is important on lines 85-91, 97-98.

7. Lines 103 and 109 - tested for STIs, treated for PID - why was she treated for pelvic inflammatory disease? And does that mean that the initial working diagnosis was PID?

Thank you for your comment. Yes, on her initial consultation she was treated for PID given that she had never been treated before and based upon the CDC criteria of mucopurulent discharge and right adnexal tenderness. That was the initial working diagnosis until her labs and biopsies returned and she was evaluated by dermatology. Lines 122-124.

8. No need to repeat the case in the discussion. Instead focusing the discussion on the main teaching points and contrasting with existing literature, or other aspects of the disease would help readers learn more.

Thank you for your comment. We removed the review of the case and focused on the teaching point and the disease. Lines 168-211.

9. Given that dermatomyositis is a finding associated with ovarian cancer it would have been interesting to have learned more specifically about the mechanism with ovarian cancer and if the presentation in this case was more or less likely to be associated with reproductive tract cancer.

Thank you for your comment. This would be interesting, but little is known between the link between dermatomyositis and malignancy, in general, or why some occur more commonly than others.

Reviewer #2:

The authors present a thorough review of a patient with dermatomyositis that presented as vulvovaginitis. They highlight the point that these patients often get treated for recurrent yeast or BV and often fail to have additional evaluation when seen through the lens of the Ob-Gyn. I would even further strengthen and re-enforce two take-homes from this case:

1) The importance of a biopsy when clinical findings are evident, and

Thank you for your comment. Yes, we agree. We included that information on Lines 124, 146, 219-220.

2) The importance of consulting other specialties when a presumed vulvovaginitis is not responding to standard treatments as expected. This second point could be reinforced by including the expanded

differential considered in this case and/or an expanded discussion to include other conditions that can on occasion present as gynecologic with vulvo-vaginal symptoms.

Thank you for your comment. Yes, we agree. We included that information on lines 76-77, 219-220.

Reviewer #3:

The abstract was spelled as compliant (line 53).

Thank you for your comment. That word has been removed after rewording of the abstract.

I would recommend listing the detailed information with subheading to make it clear for the reader what they are going to read about. For example, you can include: Health history, signs and symptoms, testing and diagnosis, etc.

Thank you for your comment. We have divided up the Case with subheadings.

A number of acronyms were used in the text. Some of them were easy and some others would be hard for non-medical students/professional to understand or know. I would recommend mentioning what the acronyms stands for at the first mention then to start using the acronym throughout the paper.

Thank you for your suggestion. We went through and removed a majority of the acronyms.

Line 173, the author discussed the risk between lung disease and cancer when no references has been provided to support this piece of information. The sentence on this line does not relate to the case or the results presented at the beginning of the paper. Try to provide a conclusion that is related to the case scenario presented in your paper.

Thank you for your comment. Since it does not relate to our current case, we removed that information.

Providing laboratory results (without patient identifiers) in tables to provide a guidance and quick reference for busy readers would be beneficial.

Thanks for the suggestion. We included a Table 1 on line 157.

The period needed for treating and diagnosing the patient was not reported. How many days did the patient received treatment and how long each diagnosis and analysis of specimens needed ? may be including a timeline to show the time of diagnosis to the time of treatment would provide a reference for future case treatments.

Thank you for the comment. It occurred very quickly after she was examined by dermatology, within a month of her original presentation. Line 145 was clarified. Another suggestion was made to create a timeline of when the symptoms started, thus we have included a timeline for that, but not for the specific dermatomyositis diagnosis and treatment since it occurred quickly. Hopefully this edit will

clarify this.

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.

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Thank you for the comment. We have included a précis. Line 24

- Please consult the Instructions for Authors regarding the use of abbreviations, and what constitutes an acceptable abbreviation. This is not an acceptable abbreviation. Please spell out all abbreviations on first use. It is reasonable to not use abbreviations for words that are seldom used in the paper. We try to limit "unique" abbreviations so that readers don't have to frequently refer back to the first notation of the abbreviation to remember its meaning. In your case, using DM is problematic as many would associate this with diabetes mellitus. We realize that this may affect word count but believe it makes it easier in most cases for the reader.

Thank you for your comment. We have limited our abbreviations including DM.

- Any particular cancers?

The specific malignancies are included on lines 175-176.

- Not sure what the time frame here. Is her child 10 and all of these symptoms began after the birth of her child? Please clarify.

Thank you for your comment. We hope to have clarified her time line on lines 103-104.

- How long previously?

Thank you for your comment. We have clarified the length of her other symptoms on lines 107-108 and included it in Figure 5.

- I assume these were incidental findings, not made due to symptoms?

Yes, very much so. Her presenting symptoms were vaginal discharge and dyspareunia, but it wasn't until further history-taking did she describe systemic findings. Lines 107-108.

- Are you saying that the plaques were not lichenified or the labia?

Thank you for your comment. We reworded the vulvar exam to include the lack of lichenification overall. Lines 114-115.

- What was the extent of the work up?

The extent of her work-up was added to Lines 161-163.

- Interesting that it seems she had significant other findings but these were not findings she was asking for help with. It sounds like her skin findings were fairly significant.

That is accurate. Her systemic findings were significant, but when she initially presented she only came for her vulvovaginal symptoms and we started talking and I began to ask specific questions about systemic symptoms she began discussing. I think it was because she had been evaluated previously and was told that she didn't have lupus, so she thought her systemic symptoms were not pathologic.

- Do you plan any specific screening studies going forward?

Yes, she did. She had yearly screenings within 3 years of when her skin findings presented. She is now spaced out to routine screening given her negative initial screening evaluation. Lines 177-181.

- While she did develop zoster, that's not the point of the paper. I think you can eliminate image 3. Do you have any images of her other skin findings?

Thank you for your suggestion. We removed the vulvar zoster information from this paper and the vulvar zoster image and added additional skin findings on her chest. Line 140.

From: [REDACTED]
To: [Randi Zung](#)
Subject: RE: Your Revised Manuscript 19-379R1
Date: Friday, May 10, 2019 12:17:00 AM
Attachments: [Dermatomyositis Case Report Final 5_9 Clean Copy.doc](#)
[Dermatomyositis Case Report Final 5_9 Tracked Changes.doc](#)

Randi,

Here are our responses. Please see our attachments.

1. 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.

We have reviewed them and we agree to the changes made.

2. Leigh Compton will need to complete our electronic Copyright Transfer Agreement, which was sent to them by EM@greenjournal.org.

Yes, she informed me that she has sent it in.

3. Line 60: Biopsies of what (rash and vulvovaginal?) and by “congruent” do you mean had the same findings? If they were both on squamous tissues, I get there (So vulva and rash?) but not sure how to interpret if of both rash and mucous membrane. Can you state this a bit more clearly?

Yes, we agree. I was more descriptive, but we are over our word count for our abstract. Is that going to be a problem?

4. Line 61: Post diagnostic evaluation for what? What kind of treatment?

Yes, we agree. I hope this is clarified. We are over our word count for the abstract. Will that be a problem?

5. Line 100: Hoping you will consider an edit here. If vulvovaginal symptoms are unusual, how can this be “classic” dermatomyositis?

Yes we agree that this needs clarification. We didn’t think about that from this perspective, no this is not classic, hence why we are reporting this.

6. Line 167: I have deleted all of these abbreviations as you don’t use the words again so abbreviating them is unnecessary.

Yes, we agree. We thought they could correspond to the table so we included them in the text initially.

7. Line 179: I am confused by this statement given the MDA-5 biomarker which is exclusively found in dermatomyositis. As such, it seems that the diagnosis is made by the results of this test in an appropriate clinical setting. Clarify please.

We clarified the myomarker panel 3 on Line 168. We then described the panel more on Line 183 in relation to how it helps with prognostication and risk stratification, but not diagnosis, since dermatomyositis is a clinical diagnosis. We hope this helps!

8. Line 193: I don't know what you mean be "blind screening". You listed the malignancies found with dermatomyositis. Didn't you screen specifically for these? What would blind screening be?

Line 201-203. We took out the word "blind". Basically, these patients should be screening for malignancy beyond age-related screenings that our current health care screenings use. We hope this clarifies.

9. Table 1: Please spell out any abbreviations used in this table in the table footnote.

We spelled them out in the footnote under the table.

Thanks!
Shelby

From: Randi Zung [mailto:RZung@greenjournal.org]
Sent: Wednesday, May 08, 2019 7:44 AM
To: Dickison, Shelby [REDACTED]
Subject: Your Revised Manuscript 19-379R1

Dear Dr. Dickison:

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

2. Leigh Compton will need to complete our electronic Copyright Transfer Agreement, which was sent to them by EM@greenjournal.org.

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dermatomyositis. Didn't you screen specifically for these? What would blind screening be?

9. Table 1: Please spell out any abbreviations used in this table in the table footnote.

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

Best,
Randi Zung

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Randi Zung (Ms.)

Editorial Administrator | *Obstetrics & Gynecology*
American College of Obstetricians and Gynecologists
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Washington, DC 20024-2188
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From: [REDACTED]
To: [Denise Shields](#)
Subject: Re: figures 2-5 in your Green Journal manuscript (18-379R1)
Date: Monday, May 13, 2019 10:56:02 PM

Denise,

All of the figures and the legend look great!

Shelby

Shelby Dickison, MD, FACOG
Assistant Professor
Department of Obstetrics and Gynecology
Washington University School of Medicine
[REDACTED]

From: Denise Shields <DS Shields@greenjournal.org>
Sent: Monday, May 13, 2019 10:55 AM
To: Dickison, Shelby
Subject: figures 2-5 in your Green Journal manuscript (18-379R1)

Re: "Dermatomyositis Presenting as Vulvovaginitis"

Dear Dr. Dickison,

Figures 2-5 in your manuscript have been edited and are attached for your review. Please review the attachments CAREFULLY for any mistakes. Figures 2 and 3 have been cropped per *American Medical Association Manual of Style* guidelines.

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 appreciate a reply no later than Wednesday, 5/13. Thank you for your help.

Best,
Denise

Denise Shields
Senior Manuscript Editor

Obstetrics & Gynecology

www.greenjournal.org

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