

OBSTETRICS & GYNECOLOGY



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- Comments from the reviewers and editors (email to author requesting revisions)
- Response from the author (cover letter submitted with revised manuscript)*

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

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

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obgyn@greenjournal.org.

Date: Aug 09, 2019
To: "Halei Wong" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-19-1171

RE: Manuscript Number ONG-19-1171

Novel use of 3D ultrasound to locate a retained needle in the vagina

Dear Dr. Wong:

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 Aug 30, 2019, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: Overall: This is the case of a 33-year-old female with recurrent cervical cancer undergoing radiation therapy who presents with a retained cutting needle in the vagina. 3D endoluminal ultrasound allowed for accurate visualization, mapping and retrieval of a vaginal foreign body.

1. First teaching point does not seem well supported by the case (there is no mention on lack of standardized management in the introduction or discussion) however teaching point #2 is very appropriate.
2. The case patient seems very unique given her young age and diagnosis. Please consider if providing this level of demographic and treatment detail threatens the confidentiality of the participant.
3. A brief review of the literature as it relates to management of retained surgical instruments is discussed. It might be useful to add one or two sentences on the current usage of 3D ultrasound of the vagina or ultrasound to assess foreign objects in the vagina (see section on references) instead of the reference on the use of ultrasound by army medics to detect foreign bodies in soft tissue.
4. Can the authors identify any limitations to the use of this technique?
5. Additional references that address the use of ultrasound in to address foreign bodies in the vagina and 3D ultrasound in gynecology:

Pediatr Emerg Care. 2017 Nov; 33(11): 756-759. doi: 10.1097/PEC.0000000000001304.
Vaginal Foreign Bodies: The Potential Role of Point-of-Care-Ultrasound in the Pediatric Emergency Department.
Gross IT1, Riera A.

J Pediatr Adolesc Gynecol. 2017 Dec; 30(6): 620-625. doi: 10.1016/j.jpag.2017.06.008. Epub 2017 Jun 29.
Ultrasonography in Detection of Vaginal Foreign Bodies in Girls: A Retrospective Study.
Yang X1, Sun L2, Ye J3, Li X1, Tao R4.

J Obstet Gynaecol India. 2015 May; 65(3): 146-54. doi: 10.1007/s13224-014-0635-z. Epub 2014 Nov 8.
Role of Three-Dimensional Ultrasound in Gynecology.
Turkgeldi E1, Urman B1, Ata B1.

Reviewer #2:

1. Line 67 - Can the authors clarify if the patient was taken from the operating room to radiology for CT scan and then back to the operating room for ultrasound or was the ultrasound performed in office? What was the chronology of the scans and events?
2. Can the author comment on whether the patient went on to have radiation after needle removal.
3. Author please comment on the training of the individual who performed the pelvic ultrasound. Was this a ultrasonographer or physician?
4. Did the patient undergo cystoscopy during the operative removal of the needle?

EDITORIAL OFFICE 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. 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 point-by-point response letter.
- B. OPT-OUT: No, please do not publish my point-by-point response letter.

2. 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.

Please check with your coauthors to confirm that the disclosures listed in their eCTA forms are correctly disclosed on the manuscript's title page.

3. Our journal requires that all evidence-based research submissions be accompanied by a transparency declaration statement from the manuscript's lead author. The statement is as follows: "The lead author* affirms that this manuscript is an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted; and that any discrepancies from the study as planned (and, if relevant, registered) have been explained."

*The manuscript's guarantor.

If you are the lead author, please include this statement in your cover letter. If the lead author is a different person, please ask him/her to submit the signed transparency declaration to you. This document may be uploaded with your submission in Editorial Manager.

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: Original Research reports should not exceed 22 typed, double-spaced pages (5,500 words); 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 short title of no more than 45 characters (40 characters for case reports), including spaces, for use as a running foot.

8. 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."

9. 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.

10. 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.

11. 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.

12. In your Abstract, manuscript Results sections, and tables, the preferred citation should be in terms of an effect size, such as odds ratio or relative risk or the mean difference of a variable between two groups, expressed with appropriate confidence intervals. When such syntax is used, the P value has only secondary importance and often can be omitted or noted as footnotes in a Table format. Putting the results in the form of an effect size makes the result of the statistical test more clinically relevant and gives better context than citing P values alone.

If appropriate, please include number needed to treat for benefits (NNTb) or harm (NNTh). When comparing two procedures, please express the outcome of the comparison in U.S. dollar amounts.

Please standardize the presentation of your data throughout the manuscript submission. For P values, do not exceed three decimal places (for example, "P = .001"). For percentages, do not exceed one decimal place (for example, 11.1%).

13. The Journal's Production Editor had the following comments on the figures in your manuscript:

"Figure 1: Please upload a second version without an arrow. The arrow will be added back per journal style.

Figure 2: Please upload a second version without an text or arrows. These will be added back per journal style. Is a higher resolution version of this image available?"

When you submit your revision, art saved in a digital format should accompany it. If your figure was created in Microsoft Word, Microsoft Excel, or Microsoft PowerPoint formats, please submit your original source file. Image files should not be copied and pasted into Microsoft Word or Microsoft PowerPoint.

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).

If the figures were created using a statistical program (eg, STATA, SPSS, SAS), please submit PDF or EPS files generated directly from the statistical program.

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.

14. 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/ifauth.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.

If you choose to revise your manuscript, please submit your revision through Editorial Manager at <http://ong.editorialmanager.com>. Your manuscript should be uploaded in a word processing format such as Microsoft Word. Your revision's cover letter should include the following:

- * A confirmation that you have read the Instructions for Authors (<http://edmgr.ovid.com/ong/accounts/authors.pdf>), and
- * A point-by-point response to each of the received comments in this letter.

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 Aug 30, 2019, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

The Editors of Obstetrics & Gynecology

2018 IMPACT FACTOR: 4.965

2018 IMPACT FACTOR RANKING: 7th out of 83 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.

August 13 2019

RE: Manuscript Number ONG-19-1171
Novel use of 3D ultrasound to locate a retained needle in the vaginal wall

Dear Dr. Chescheir:

Thank you for the review of our manuscript. We have made minor revisions addressing the thoughtful comments addressed by our reviewers. We confirm that we have read the Instructions for Authors section. All authors have reviewed these revisions. They are noted in detail after each response below in italics.

REVIEWER COMMENTS:

Reviewer #1: Overall: This is the case of a 33-year-old female with recurrent cervical cancer undergoing radiation therapy who presents with a retained cutting needle in the vagina. 3D endoluminal ultrasound allowed for accurate visualization, mapping and retrieval of a vaginal foreign body.

1. First teaching point does not seem well supported by the case (there is no mention on lack of standardized management in the introduction or discussion) however teaching point #2 is very appropriate.

Agree. We added a statement reflecting the lack of standardized management in this clinical scenario.

2. The case patient seems very unique given her young age and diagnosis. Please consider if providing this level of demographic and treatment detail threatens the confidentiality of the participant. *Thank you and we appreciate your input. After a brief discussion with our Gynecology Oncology colleagues, her age and diagnosis are not unique enough to threaten her confidentiality and privacy as a patient. We welcome any additional recommendations from the journal regarding this topic.*

3. A brief review of the literature as it relates to management of retained surgical instruments is discussed. It might be useful to add one or two sentences on the current usage of 3D ultrasound of the vagina or ultrasound to assess foreign objects in the vagina (see section on references) instead of the reference on the use of ultrasound by army medics to detect foreign bodies in soft tissue.

Good point. We have added additional citations, as noted in the fourth paragraph in the discussion section.

4. Can the authors identify any limitations to the use of this technique?

We have added in the discussion, limitations such as lack of widespread availability of high resolution ultrasound and the fact that imaging interpretation and acquisition is operator dependent.

5. Additional references that address the use of ultrasound in to address foreign bodies in the vagina and 3D ultrasound in gynecology:

Thank you and we have added these studies to our references.

Pediatr Emerg Care. 2017 Nov;33(11):756-759. doi: 10.1097/PEC.0000000000001304.
Vaginal Foreign Bodies: The Potential Role of Point-of-Care-Ultrasound in the Pediatric Emergency Department.
Gross IT1, Riera A.

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Ultrasonography in Detection of Vaginal Foreign Bodies in Girls: A Retrospective Study.
Yang X1, Sun L2, Ye J3, Li X1, Tao R4.

Reviewer #2:

1. Line 67 - Can the authors clarify if the patient was taken from the operating room to radiology for CT scan and then back to the operating room for ultrasound or was the ultrasound performed in office? What was the chronology of the scans and events?

Sure, we will be happy to clarify the sequence of events. The chronology has been added to the paper.

2. Can the author comment on whether the patient went on to have radiation after needle removal.

Yes, we added this information to the paper. She returned the following week to undergo radiation as planned.

3. Author please comment on the training of the individual who performed the pelvic ultrasound. Was this a ultrasonographer or physician?

We added this clarification to the manuscript. The person who performed the ultrasound was a physician with more than 10 years experience in 3D pelvic floor ultrasound.

4. Did the patient undergo cystoscopy during the operative removal of the needle?

No, she did not. There was minimal tissue dissection involved with the retrieval process. It was deemed unlikely that an injury to her lower urinary tract may have occurred.

We hope you find our revised manuscript suitable for publication and look forward to hearing from you in due course.

Sincerely,

Halei Wong, M.D.

