

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.*

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Date: Apr 12, 2021
To: "Amelia Schaub" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-21-580

RE: Manuscript Number ONG-21-580

Intrauterine Adhesions Following Chlamydial Infection with a Levonorgestrel-releasing Intrauterine Device in Place

Dear Dr. Schaub:

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 03, 2021, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1:

The manuscript provides specific information that forces the reader to re evaluate the current recommendations. Further the reader understands the difference between IUS and Copper IUD and the current rec to leave the IUD while treating for PID should not have been extrapolated to the IUS.

Thank you for raising the concern

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Suggestions for authors on the manuscript:

* Line 72: I suggest adding the relevant citations that are used in support of the guidelines here after this sentence, so the reader can also take a deeper dive into this as prudent. This is cited better on Line 121, but could be cited here as well.

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3. Standard obstetric and gynecology data definitions have been developed through the reVITALize initiative, which was convened by the American College of Obstetricians and Gynecologists and the members of the Women's Health Registry Alliance. Obstetrics & Gynecology has adopted the use of the reVITALize definitions. Please access the obstetric data definitions at <https://www.acog.org/practice-management/health-it-and-clinical-informatics/revitalize-obstetrics-data-definitions> and the gynecology data definitions at <https://www.acog.org/practice-management/health-it-and-clinical-informatics/revitalize-gynecology-data-definitions>. If use of the reVITALize definitions is problematic, please discuss this in your point-by-point response to this letter.

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5. 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.
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In addition, the abstract length should follow journal guidelines. The word limit for Case Reports is 125 words. Please provide a word count.

6. 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.

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8. Your manuscript contains a priority claim. 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 it is not based on a systematic search but only on your level of awareness, it is not a claim we permit.

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In addition, the American College of Obstetricians and Gynecologists' (ACOG) documents are frequently updated. These documents may be withdrawn and replaced with newer, revised versions. If you cite ACOG documents in your manuscript, be sure the reference you are citing is still current and available. If the reference you are citing has been updated (ie, replaced by a newer version), please ensure that the new version supports whatever statement you are making in your manuscript and then update your reference list accordingly (exceptions could include manuscripts that address items of historical interest). If the reference you are citing has been withdrawn with no clear replacement, please contact the editorial office for assistance (obgyn@greenjournal.org). In most cases, if an ACOG document has been withdrawn, it should not be referenced in your manuscript (exceptions could include manuscripts that address items of historical interest). All ACOG documents (eg, Committee Opinions and Practice Bulletins) may be found at the Clinical Guidance page at <https://www.acog.org/clinical> (click on "Clinical Guidance" at the top).

10. Figures 1-5: Please upload as figure files on Editorial Manager.

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.

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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.

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- * 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. Do not omit your responses to the Editorial Office or Editors' comments.

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 03, 2021, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,
John O. Schorge, MD
Associate Editor, Gynecology

2019 IMPACT FACTOR: 5.524
2019 IMPACT FACTOR RANKING: 6th out of 82 ob/gyn journals

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COVER LETTER

The authors intend to submit this manuscript solely to *Obstetrics and Gynecology*. This manuscript has not been submitted elsewhere and will not be unless a final negative decision is made by the editors. The Cedars Sinai Medical Center IRB has deemed this case report exempt from IRB approval and all necessary documents have been obtained and submitted. Written consent has been obtained from the patient to proceed with publication of this case report and will be retained by the authors. The lead author affirms that this manuscript is an honest, accurate, and transparent account of the case being reported, and that no important aspects of the case have been omitted; and that any discrepancies from the case as planned (and, if relevant, registered) have been explained. We also confirm that we have read the author instructions and complied to the best of our ability.

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The manuscript provides specific information that forces the reader to re evaluate the current recommendations. Further the reader understands the difference between IUS and Copper IUD and the current rec to leave the IUD while treating for PID should not have been extrapolated to the IUS.

Thank you for raising the concern

Please check spelling line 37 – ***Addressed and corrected***

Please comment on the fact the IUD was in place for 7 years and the FDA data is 5 years for Mirena (longer other IUS) If this was Mirena could the longer duration of use played a role? –

Thank you for raising this point. This is certainly a possibility, and the role of having the IUD in place for longer than FDA approved is unknown, this consideration has been added to the discussion. On review of most recent prescribing information, FDA recently extended use of Mirena for contraception to 6 years.

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Editors Comments:

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

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3. Standard obstetric and gynecology data definitions have been developed through the reVITALize initiative, which was convened by the American College of Obstetricians and Gynecologists and the members of the Women's Health Registry Alliance. Obstetrics & Gynecology has adopted the use of the reVITALize definitions. Please access the obstetric data definitions at [https://urldefense.com/v3/https://www.acog.org/practice-management/health-it-and-clinical-informatics/revitalize-obstetrics-data-definitions_!!KOMnBZxC8_2BBQ!mN8XJEjNtaGIMKhfRKzB8XxVmTi7eiLtlWUyZ_ajlygCscoMZjJC-R6Du8HkuqNZOg\\$](https://urldefense.com/v3/https://www.acog.org/practice-management/health-it-and-clinical-informatics/revitalize-obstetrics-data-definitions_!!KOMnBZxC8_2BBQ!mN8XJEjNtaGIMKhfRKzB8XxVmTi7eiLtlWUyZ_ajlygCscoMZjJC-R6Du8HkuqNZOg$) and the gynecology data definitions at [https://urldefense.com/v3/https://www.acog.org/practice-management/health-it-and-clinical-informatics/revitalize-gynecology-data-definitions_!!KOMnBZxC8_2BBQ!mN8XJEjNtaGIMKhfRKzB8XxVmTi7eiLtlWUyZ_ajlygCscoMZjJC-R6Du8GIRVoX5w\\$](https://urldefense.com/v3/https://www.acog.org/practice-management/health-it-and-clinical-informatics/revitalize-gynecology-data-definitions_!!KOMnBZxC8_2BBQ!mN8XJEjNtaGIMKhfRKzB8XxVmTi7eiLtlWUyZ_ajlygCscoMZjJC-R6Du8GIRVoX5w$). If use of the reVITALize definitions is problematic, please discuss this in your point-by-point response to this letter. – ***Thank you for this resource. We believe the paper is line with revitalize definitions.***

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5. Specific rules govern the use of acknowledgments in the journal. Please note the following guidelines:

* All financial support of the study must be acknowledged. – ***There was no financial support for this paper.***

* 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 acknowledgements are made.***

* 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. – ***All acknowledgements are made.***

* 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).

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In addition, the abstract length should follow journal guidelines. The word limit for Case Reports is 125 words. Please provide a word count. ***There are 114 words in the abstract.***

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- * A confirmation that you have read the Instructions for Authors – ***Included*** ([https://urldefense.com/v3/_http://edmgr.ovid.com/ong/accounts/authors.pdf_!!K0mnBZxC8_2BBQ!mN8XJEjNtaGIMKhfRKzB8XxVmTi7eiLtIWUyZ_ajlygCscoMZjJC-R6Du8HpfWz9Ew\\$](https://urldefense.com/v3/_http://edmgr.ovid.com/ong/accounts/authors.pdf_!!K0mnBZxC8_2BBQ!mN8XJEjNtaGIMKhfRKzB8XxVmTi7eiLtIWUyZ_ajlygCscoMZjJC-R6Du8HpfWz9Ew$)), and

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