

OBSTETRICS & GYNECOLOGY



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- Response from the author (cover letter submitted with revised manuscript)*

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Date: Jul 15, 2022
To: "Sarah Hadassah Abelman" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-22-1122

RE: Manuscript Number ONG-22-1122

Incarcerated Gravid Uterus Causing Severe Renal Failure, Liberated by Placement of Vaginal Balloon

Dear Dr. Abelman:

Thank you for sending us your work for consideration for publication in Obstetrics & Gynecology. Your manuscript has been reviewed by the Editorial Board and by special expert referees. The Editors would like to invite you to submit a revised version for further consideration.

If you wish to revise your manuscript, please read the following comments submitted by the reviewers and Editors. Each point raised requires a response, by either revising your manuscript or making a clear argument as to why no revision is needed in the cover letter.

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REVIEWER COMMENTS:

Reviewer #1: ONG 22-1122

In the manuscript under review, we review a case report of one patient that developed acute renal failure after uterine incarceration which was resolved with a Bakri Balloon.

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Please make sure your references are numbered in order of appearance in the text.

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If you submit a revision, we will assume that it has been developed in consultation with your coauthors and that each author has given approval to the final form of the revision.

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Sincerely,

Dwight J. Rouse, MD, MSPH
Deputy Editor, Obstetrics

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Jason D. Wright, MD
Editor-in-Chief, *Obstetrics and Gynecology*
409 12th Street SW
Washington, DC 20024

Dear Dr. Wright,

I am writing to submit the requested revisions to the previously submitted article, “Incarcerated Gravid Uterus Causing Severe Renal Failure, Liberated by Placement of Vaginal Balloon” for consideration by *Obstetrics and Gynecology*. I greatly appreciate the feedback received as well as the continued consideration of this manuscript. All responses to editor comments have been written on the pages below in blue font.

Written consent for publication was obtained by the patient whose case is discussed in this manuscript. This signed consent form has been filed with our records. This manuscript is being submitted solely to *Obstetrics and Gynecology*. This manuscript is not under consideration for publication elsewhere and will not be submitted elsewhere unless a final negative decision is made by the editors of *Obstetrics and Gynecology*. The content of this manuscript has not been previously presented at any meeting nor has any version or portion of this manuscript been previously published in any form.

Thank you for your further consideration of this manuscript.

Sincerely,
Sarah Abelman, MD
sarah.abelman@jefferson.edu

REVIEWER COMMENTS:

Reviewer #1: ONG 22-1122

In the manuscript under review, we review a case report of one patient that developed acute renal failure after uterine incarceration which was resolved with a Bakri Balloon.

A few comments on the manuscript are as follows:

1. Line 93-96 - did the patient not have an OB ultrasound on admission? Why did it take over 24 hours to suspected incarceration? Was a pelvic exam done on admission?

You make a great point that this could use further clarification. Her initial presentation was to an emergency department at a hospital without in-house obstetrics. It was not until she was transferred about 24 hours later that she was seen by an obstetrician and had a pelvic exam and ultrasound by a someone able to confirm the diagnosis. This has been clarified in the manuscript.

2. Line 147 - delivery outcomes are necessary in this case and should be added once available.

This has been updated now that delivery outcomes are available.

3. What is the learning point for this case? Although interesting, other mechanical options have been reported in the literature that have successfully resolved an incarcerated uterus.

Thank you so much for this comment. While other methods have been published in the literature and are reviewed in lines 229-234. This case highlights a novel approach to relieving the incarceration and used a tool that is easily found on many labor and delivery units. method is unique because it goes beyond standard, first-line manual techniques, while being unique in using a space-occupying device in the vagina to elevate the uterus. It is less invasive than other methods such as colonoscopy. The "teaching points" section as well as the conclusion of the manuscript have been updated to highlight these points.

Reviewer #2: I applaud the authors innovative thought process in using a Bakri balloon to avoid surgery for this patient.

My primary concern for this report is it's length. I have published 7 case reports, including 2 in OG, and this manuscript is twice the length of any of those. I'd suggest

shortening the manuscript significantly.

We appreciate this feedback. The manuscript has been shortened as you recommended, and we have ensured compliance with word limit guidelines as well.

My secondary concern is that the degree of AKI seems inconsistent with bladder volume-700cc & mild hydronephrosis. I would have expected a much greater bladder volume & severe hydronephrosis. I'd suggest clarification.

You are right, her AKI was likely multifactorial, with suspected pyelonephritis and severe dehydration, as well as the obstructive etiology. All of these were treated simultaneously, with antibiotics, IV fluids, and Foley placement. This has been clarified in the text. In addition, the renal ultrasound was obtained after Foley catheter placement which drained 1L of urine immediately, and so with the obstruction already relieved the degree of hydronephrosis may have already decreased by that time. This timeline has been clarified in the text.

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The article was reviewed to ensure use of person-first language.

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The manuscript has been reviewed and edited to remove abbreviations.

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This symbol has been removed from the manuscript other than when expressing measurements.

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