

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)*

**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: Aug 12, 2022
To: "Sarraz Ahmad" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-22-1182

RE: Manuscript Number ONG-22-1182

Imperforate Clitoral Hood Presenting as Periclitoral Mass: A Rare Case Report with Literature Review

Dear Dr. Ahmad:

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.

To facilitate our review, we prefer that the cover letter you submit with your revised manuscript include each reviewer and Editor comment below, followed by your response. That is, a point-by-point response is required to each of the EDITOR COMMENTS (if applicable), REVIEWER COMMENTS, STATISTICAL EDITOR COMMENTS (if applicable), and EDITORIAL OFFICE COMMENTS below. Your manuscript will be returned to you if a point-by-point response to each of these sections is not included.

The revised manuscript should indicate the position of all changes made. Please use the "track changes" feature in your document (do not use strikethrough or underline formatting).

Your submission will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by Sep 02, 2022, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1:

Strengths:

- * Good review of embryological development and how it is relevant to this case.
- * Highlights the important lack of literature around female external genitalia congenital anomalies other than imperforate hymen, indicating need for study in this arena. The authors recognize the correlation of this situation to epidermal cysts caused by FGM, and report on how that case series can inform this treatment.
- * Clinically interesting and helpful pictures and MRI image. Highlights how MRI imaging can reveal anatomy that cannot be determined from exam and help to prepare for surgery.

Limitations:

- * A few more surgical details would have been nice, such as how incision was placed and shaped and what sutures were placed where to optimize cosmetic results.
- * A bit more detail on the science of the MRI would be neat, such as how the MRI has the ability to distinguish between sebaceous and serous material in a cyst and how it is uniquely able to see the vascular and neurological anatomy to establish that the clitoral glans itself was normally developed, in a way that would be more challenging with ultrasound.

Reviewer #2: This well written case report presents the finding of a periclitoral mass that led to non visualization of the clitoris. Although the authors called it an "imperforate clitoral hood" I think that the clitoral hood was adherent because of the size and weight of the mass. The clitoral hood is not like an imperforate hymen in this case so I think the terminology is not appropriate.

1. Page 4 - line 44- I don't feel this is actually "Imperforate" and the authors do not present convincing evidence of such

2. Case - line 52- width of mass? Was the mass tender?
3. Was there pathology on the cyst wall?
4. Line 70 - delete "advanced"
5. Discussion - delete "extensive" and "search"
6. The first 2 paragraphs of the discussion are a bit confusing. Line 79 talks about 137 Periclitral epidermoid cysts and line 85 states only 21 cases. The difference between sebaceous and epithelial inclusion cysts and epidermoid cysts should be made clearer.
7. Delete the second paragraph on embryology (lines 88-96_
8. Line 104 change imperforation to something like "adherence"
9. Delete lines 105- 106 as it is not relevant
10. Line 109 - instead of "obstructions to " say "challenges with"
11. Line 109- 110 -"Physicians..." should be deleted as sounds preachy.
12. Line 114 - remove "congenital" as this may be acquired
13. Line 119- 125 - consider deleting or reducing to 1 sentence since this case did not have a history of FGM. The photos and MRI images are very clear and demonstrate the mass well.

EDITORIAL OFFICE COMMENTS:

1. If your article is accepted, the journal will publish a copy of this revision letter and your point-by-point responses as supplemental digital content to the published article online. You may opt out by writing separately to the Editorial Office at em@greenjournal.org, and only the revision letter will be posted.

2. When you submit your revised manuscript, please make the following edits to ensure your submission contains the required information that was previously omitted for the initial double-blind peer review:

- * Funding information (ie, grant numbers or industry support statements) should be disclosed on the title page and at the end of the abstract. For industry-sponsored studies, describe on the title page how the funder was or was not involved in the study.
- * Include clinical trial registration numbers, PROSPERO registration numbers, or URLs at the end of the abstract (if applicable).
- * Name the IRB or Ethics Committee institution in the Methods section (if applicable).
- * Add any information about the specific location of the study (ie, city, state, or country), if necessary for context.

3. Obstetrics & Gynecology's Copyright Transfer Agreement (CTA) must be completed by all authors. When you uploaded your manuscript, each coauthor received an email with the subject, "Please verify your authorship for a submission to Obstetrics & Gynecology." Please ask your coauthor(s) to complete this form, and confirm the disclosures listed in their CTA are included on the manuscript's title page. If they did not receive the email, they should check their spam/junk folder. Requests to resend the CTA may be sent to em@greenjournal.org.

4. ACOG uses person-first language. Please review your submission to make sure to center the person before anything else. Examples include: "People with disabilities" or "women with disabilities" instead of "disabled people" or "disabled women"; "patients with HIV" or "women with HIV" instead of "HIV-positive patients" or "HIV-positive women"; and "people who are blind" or "women who are blind" instead of "blind people" or "blind women."

5. The journal follows ACOG's Statement of Policy on Inclusive Language (<https://www.acog.org/clinical-information/policy-and-position-statements/statements-of-policy/2022/inclusive-language>). When possible, please avoid using gendered descriptors in your manuscript. Instead of "women" and "females," consider using the following: "individuals;" "patients;" "participants;" "people" (not "persons"); "women and transgender men;" "women and gender-expansive patients;" or "women and all those seeking gynecologic care."

6. All submissions that are considered for potential publication are run through CrossCheck for originality. The following lines of text match too closely to previously published works or need to be cited:

Please add variance to the Introduction paragraph.

7. 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.

8. Make sure your manuscript meets the following word limit. The word limit includes the manuscript body text only (for example, the Introduction through the Discussion in Original Research manuscripts), and excludes the title page, précis, abstract, tables, boxes, and figure legends, reference list, and supplemental digital content. Figures are not included in the word count.

Case Reports: 1,500 words

9. For your title, please note the following style points and make edits as needed:

- * Do not structure the title as a declarative statement or a question.
- * Introductory phrases such as "A study of..." or "Comprehensive investigations into..." or "A discussion of..." should be avoided in titles.
- * Abbreviations, jargon, trade names, formulas, and obsolete terminology should not be used.
- * Titles should include "A Randomized Controlled Trial," "A Meta-Analysis," "A Systematic Review," or "A Cost-Effectiveness Analysis" as appropriate, in the subtitle. If your manuscript is not one of these four types, do not specify the type of manuscript in the title.

10. Specific rules govern the use of acknowledgments in the journal. Please review the following guidelines and edit your title page as needed:

- * 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 or indicate whether the meeting was held virtually).
- * If your manuscript was uploaded to a preprint server prior to submitting your manuscript to Obstetrics & Gynecology, add the following statement to your title page: "Before submission to Obstetrics & Gynecology, this article was posted to a preprint server at: [URL]."
- * Do not use only authors' initials in the acknowledgement or Financial Disclosure; spell out their names the way they appear in the byline.

11. Provide a short title of no more than 45 characters, including spaces, for use as a running foot. Do not start the running title with an abbreviation.

12. Provide a précis 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."

13. Be sure that each statement and any data in the abstract are also stated in the body of your manuscript, tables, or figures. Statements and data that appear in the abstract must also appear in the body text for consistency. Make 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 manuscript.

In addition, the abstract length should follow journal guidelines. Please provide a word count.

Case Reports: 125 words

14. 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.

15. The journal does not use the virgule symbol (/) in sentences with words, except with ratios. 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.

16. Please review the journal's Table Checklist to make sure that your tables conform to journal style. The Table Checklist is available at http://edmgr.ovid.com/ong/accounts/table_checklist.pdf.

17. Please review examples of our current reference style at https://edmgr.ovid.com/ong/accounts/ifa_suppl_refstyle.pdf. Include the digital object identifier (DOI) with any journal article references and an accessed date with website references.

Unpublished data, in-press items, personal communications, letters to the editor, theses, package inserts, submissions, meeting presentations, and abstracts may be included in the text but not in the formal reference list. Please cite them on the line in parentheses.

If you cite ACOG documents in your manuscript, be sure the references you are citing are still current and available. Check the Clinical Guidance page at <https://www.acog.org/clinical> (click on "Clinical Guidance" at the top). If the reference is still available on the site and isn't listed as "Withdrawn," it's still a current document. In most cases, if an ACOG document has been withdrawn, it should not be referenced in your manuscript.

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

18. Figures 1-2: Please upload as figure files on Editorial Manager.

19. 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 <https://wkauthorservices.editage.com/open-access/hybrid.html>.

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 as a Microsoft Word document. Your revision's cover letter should include a point-by-point response to each of the received comments in this letter. Do not omit your responses to the EDITOR COMMENTS (if applicable), the REVIEWER COMMENTS, the STATISTICAL EDITOR COMMENTS (if applicable), or the EDITORIAL OFFICE COMMENTS.

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.

Again, your manuscript will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by Sep 02, 2022, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

John O. Schorge, MD
Deputy Editor, Gynecology

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.

Cover Letter with Point-by-Point Responses to the Reviewers and Editorial Office Comments
Manuscript No. ONG-22-1182

September 2, 2022

John O. Schorge, MD
Deputy Editor, *Obstetrics & Gynecology*
Memphis, TN

Dear Dr. Schorge,

Thank you for your email of August 12, 2022, along with the Reviewers and Editorial Office Comments on our manuscript. Accordingly, we have revised the manuscript (using “track changes”) and below we are providing our point-by-point responses to each comments/suggestion (in RED color, for clarity).

Indeed, we are grateful to the expert reviewers and editors for their thoughtful comments/suggestions, which certainly have improved the quality and presentation of our manuscript and better understanding of the topic.

We believe that the revised manuscript is satisfactory for publication in *Obstetrics & Gynecology*.

Sincerely,
Sarfraz Ahmad, PhD, FAACC, FABAP
(with Dr. Nathalie D. McKenzie)
Director of Clinical Research, Gynecologic Oncology, AdventHealth Cancer Institute
Professor, FSU and UCF Colleges of Medicine

REVIEWER COMMENTS:

Reviewer #1:

Strengths:

* Good review of embryological development and how it is relevant to this case.

Response: Thank you.

* Highlights the important lack of literature around female external genitalia congenital anomalies other than imperforate hymen, indicating need for study in this arena. The authors recognize the

correlation of this situation to epidermal cysts caused by FGM, and report on how that case series can inform this treatment.

Response: Thank you.

* Clinically interesting and helpful pictures and MRI image. Highlights how MRI imaging can reveal anatomy that cannot be determined from exam and help to prepare for surgery.

Response: Thank you.

Limitations:

* A few more surgical details would have been nice, such as how incision was placed and shaped and what sutures were placed where to optimize cosmetic results.

Response: Thank you for this thoughtful suggestion. Additional surgical details are added (please see pages 5-6).

* A bit more detail on the science of the MRI would be neat, such as how the MRI has the ability to distinguish between sebaceous and serous material in a cyst and how it is uniquely able to see the vascular and neurological anatomy to establish that the clitoral glans itself was normally developed, in a way that would be more challenging with ultrasound.

Response: Agreed - we added verbiage which speaks to the unique ability of MRI technology for epidermal cysts (please see page 8).

Reviewer #2:

This well written case report presents the finding of a periclitoral mass that led to non-visualization of the clitoris. Although the authors called it an "imperforate clitoral hood" I think that the clitoral hood was adherent because of the size and weight of the mass. The clitoral hood is not like an imperforate hymen in this case, so I think the terminology is not appropriate.

Response: Thank you for great suggestion. The picture [Figure 1A] shows the prepuce is continuous with the labia minora (without an outlet). This appears more like a process present a birth. The mother of this adolescent patient and the patient herself both believe the clitoris has never been exposed. Since there really is no way to prove or disprove at this point, we concede to reviewer's suggestion and have replaced the word "imperforate" with "fused".

1. Page 4 - line 44- I don't feel this is actually "Imperforate" and the authors do not present convincing evidence of such

Response: Thank you for this suggestion. We use the word "fused" moving forward. And hope that the "keywords" will help future readers with their ability to search and find this article if or when faced with a similar clinical presentation. We added another sentence (to previous line 44) which speaks to this.

2. 2. Case - line 52- width of mass? Was the mass tender?

Response: We added additional details about the mass (in previous lines 52 onwards).

3. Was there pathology on the cyst wall?

Response: Thank you. Gross examination revealed normal appearing epithelium.

4. Line 70 - delete "advanced"

Response: Edited - thank you.

5. Discussion - delete "extensive" and "search"

Response: Edited - thank you.

6. The first 2 paragraphs of the discussion are a bit confusing. Line 79 talks about 137 Periclitral epidermoid cysts and line 85 states only 21 cases. The difference between sebaceous and epithelial inclusion cysts and epidermoid cysts should be made clearer.

Response: The 137 periclitral epidermoid cysts include those that are not spontaneous; characterized with a history of female genital mutilation. The 21 cases of focus are included in the total of 137; however, these 21 cases do not have any history of mutilation. For the purposes of grouping, studies referring to their own cases as “epithelial inclusion cysts” and “epidermoid cysts” were classified into the same group. The limitation with our literature review in categorization is found in these cases not always identifying what material made up the cyst itself. It could have been sebaceous material, but only a minimal amount of case reports declared one way or the other.

7. Delete the second paragraph on embryology (lines 88-96)

Response: Thank you - and we have reworded this paragraph to remove or edit any redundancies.

8. Line 104 change imperforation to something like "adherence"

Response: Changed - thank you we did edit.

9. Delete lines 105-106 as it is not relevant

Response: We deleted. Thank you - please see track-changes.

10. Line 109 - instead of "obstructions to " say "challenges with"

Response: Edited - thank you.

11. Line 109-110 -"Physicians..." should be deleted as sounds preachy.

Response: Edited - thank you.

12. Line 114 - remove "congenital" as this may be acquired

Response: Edited. - thank you.

13. Line 119-125 - consider deleting or reducing to 1 sentence since this case did not have a history of FGM.

Response: We deleted - and one brief sentence is added in a previous paragraph in context.

The photos and MRI images are very clear and demonstrate the mass well.

Response: Thank you.

EDITORIAL OFFICE COMMENTS:

1. If your article is accepted, the journal will publish a copy of this revision letter and your point-by-point responses as supplemental digital content to the published article online. You may opt out by writing separately to the Editorial Office at em@greenjournal.org, and only the revision letter will be posted.

Response: We are fine either way.

2. When you submit your revised manuscript, please make the following edits to ensure your submission contains the required information that was previously omitted for the initial double-blind peer review:

* Funding information (i.e., grant numbers or industry support statements) should be disclosed on the title page and at the end of the abstract. For industry-sponsored studies, describe on the title page how the funder was or was not involved in the study.

Response: Thank you - no funding, and our Title Page states: "This paper was not supported by external funds".

* Include clinical trial registration numbers, PROSPERO registration numbers, or URLs at the end of the abstract (if applicable).

Response: Not applicable.

* Name the IRB or Ethics Committee institution in the Methods section (if applicable).

Response: Not applicable.

* Add any information about the specific location of the study (i.e., city, state, or country), if necessary for context.

Response: Not necessary, for context.

3. Obstetrics & Gynecology's Copyright Transfer Agreement (CTA) must be completed by all authors. When you uploaded your manuscript, each coauthor received an email with the subject, "Please verify your authorship for a submission to Obstetrics & Gynecology." Please ask your coauthor(s) to complete this form, and confirm the disclosures listed in their CTA are included on the

manuscript's title page. If they did not receive the email, they should check their spam/junk folder. Requests to resend the CTA may be sent to em@greenjournal.org.

Response: The CTA are done by all the co-authors.

4. ACOG uses person-first language. Please review your submission to make sure to center the person before anything else. Examples include: "People with disabilities" or "women with disabilities" instead of "disabled people" or "disabled women"; "patients with HIV" or "women with HIV" instead of "HIV-positive patients" or "HIV-positive women"; and "people who are blind" or "women who are blind" instead of "blind people" or "blind women."

Response: We adjusted the revised manuscript accordingly.

5. The journal follows ACOG's Statement of Policy on Inclusive Language (<https://clicktime.symantec.com/15uC7qMnS3Rx7T4oohLjA?h=rL05z6Xa22fgGEEANiTuzXacrPHaEv16HK9VSi-IC04=&u=https://www.acog.org/clinical-information/policy-and-position-statements/statements-of-policy/2022/inclusive-language>). When possible, please avoid using gendered descriptors in your manuscript. Instead of "women" and "females," consider using the following: "individuals;" "patients;" "participants;" "people" (not "persons"); "women and transgender men;" "women and gender-expansive patients;" or "women and all those seeking gynecologic care."

Response: We have taken good care of the suggested Inclusive Language when possible.

6. All submissions that are considered for potential publication are run through CrossCheck for originality. The following lines of text match too closely to previously published works or need to be cited:

Please add variance to the Introduction paragraph.

Response: None

7. Standard obstetrics 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://clicktime.symantec.com/15uCHVkJMMGo8wLietp92Q?h=6KFpbAyr8X56vEN26uQhffzKvBiulxcmqBoGRucNtdI=&u=https://www.acog.org/practice-management/health-it-and-clinical-informatics/revitalize-obstetrics-data-definitions> and the gynecology data definitions at https://clicktime.symantec.com/15uCCfZ4tf7YXPtjMFjsn?h=oLv7anos44NcYhe5yCrkAZ_lav8nZ5Hw4G0pK22tlw=&u=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.

Response: Not applicable.

8. Make sure your manuscript meets the following word limit. The word limit includes the manuscript body text only (for example, the Introduction through the Discussion in Original Research

manuscripts), and excludes the title page, précis, abstract, tables, boxes, and figure legends, reference list, and supplemental digital content. Figures are not included in the word count.

Case Reports: 1,500 words

Response: Yes, our manuscript is within the words limit.

9. For your title, please note the following style points and make edits as needed:

* Do not structure the title as a declarative statement or a question.

Response: Done.

* Introductory phrases such as "A study of..." or "Comprehensive investigations into..." or "A discussion of..." should be avoided in titles.

Response: Done.

* Abbreviations, jargon, trade names, formulas, and obsolete terminology should not be used.

Response: Our title does not have any of the above noted terminology.

* Titles should include "A Randomized Controlled Trial," "A Meta-Analysis," "A Systematic Review," or "A Cost-Effectiveness Analysis" as appropriate, in the subtitle. If your manuscript is not one of these four types, do not specify the type of manuscript in the title.

Response: Thank you.

10. Specific rules govern the use of acknowledgments in the journal. Please review the following guidelines and edit your title page as needed:

* All financial support of the study must be acknowledged.

Response: Not applicable.

* 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.

Response: Not applicable.

* 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.

Response: Not applicable.

* If all or part of the paper was presented at the Annual Clinical and Scientific Meetings 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 or indicate whether the meeting was held virtually).

Response: Not applicable.

* If your manuscript was uploaded to a preprint server prior to submitting your manuscript to Obstetrics & Gynecology, add the following statement to your title page: "Before submission to Obstetrics & Gynecology, this article was posted to a preprint server at: [URL]."

Response: Not applicable.

* Do not use only authors' initials in the acknowledgement or Financial Disclosure; spell out their names the way they appear in the byline.

Response: We neither have an acknowledgement section nor financial disclosure section as there was no funding, no external support, and no contribution by a non-author.

11. Provide a short title of no more than 45 characters, including spaces, for use as a running foot. Do not start the running title with an abbreviation.

Response: We have provided this on our initial Title Page as *Running Header*: "Case of Periclitoral Mass & Literature Review".

12. Provide a précis 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."

Response: We have provided a Précis on page-3 of our initially submitted Manuscript as: "An fused clitoral hood can trap sebaceous material and accumulate over time, presenting similarly to benign and malignant peri-clitoral masses".

13. Be sure that each statement and any data in the abstract are also stated in the body of your manuscript, tables, or figures. Statements and data that appear in the abstract must also appear in the body text for consistency. Make 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 manuscript.

In addition, the abstract length should follow journal guidelines. Please provide a word count.

Case Reports: 125 words

Response: We are in conformity with these instructions/requirements, including the Abstract length (now 121 words, previously it was 123 words).

14. Only standard abbreviations and acronyms are allowed. A selected list is available online at <https://clicktime.symantec.com/15uBY1zoDjeoDqHLznYgp?h=MJBnM->

2iDmJKed8JBZGDqH6lUvpYj18l6Wt7jiU2fL4=&u=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.

Response: We are in conformity with these instructions/requirements – thank you.

15. The journal does not use the virgule symbol (/) in sentences with words, except with ratios. 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.

Response: Thank you. The virgule symbol was removed throughout the manuscript.

16. Please review the journal's Table Checklist to make sure that your tables conform to journal style. The Table Checklist is available at

https://clicktime.symantec.com/15uBcrC5gMLPdn7GYLwqS?h=Jx3RO1jJW4Etc8yd7CXtd4KjWwMM9zVOcar1AAe8_y8=&u=http://edmgr.ovid.com/ong/accounts/table_checklist.pdf.

Response: We believe that our Table 1 is in conformity with the journal style.

17. Please review examples of our current reference style at

https://clicktime.symantec.com/15uBsLmw4CPAascb3B29HJ?h=917vna-spdoA9YAvhBBTMBQJKWzKm-zyjqXvDWzcC-8=&u=https://edmgr.ovid.com/ong/accounts/ifa_suppl_refstyle.pdf.

Include the digital object identifier (DOI) with any journal article references and an accessed date with website references.

Response: We have now included the DOIs with journal article reference wherever available. If DOI for very old article is not available, its PMID is provided.

Unpublished data, in-press items, personal communications, letters to the editor, theses, package inserts, submissions, meeting presentations, and abstracts may be included in the text but not in the formal reference list. Please cite them on the line in parentheses.

Response: Not applicable.

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Response: Not applicable.

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Response: Yes, we numbered references accordingly.

18. Figures 1-2: Please upload as figure files on Editorial Manager.

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