

Dear editor,

On behalf of all co-authors, I would like to thank you for your letter concerning our manuscript. We greatly appreciate you and the reviewers for the critical reading of our manuscript and giving us the favorable comments and instructive suggestions.

We have carefully proof-read and revised the manuscript according to the reviewers' comments and the editorial notes. Here we submit the revised manuscript. In the following pages, the responses to the comments are described point-by-point.

Once again, we want to extend our appreciation to you and the reviewers for the valuable and helpful comments. We sincerely hope that the manuscript has been revised to your satisfaction, and we would be grateful if the manuscript could be considered for publication.

Sincerely yours,

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The reviewer's comments and the authors' responses:

Editor's notes:

1. Question the need for drainage.

Response: Ultrasound examination by the bedside, combined with the patient's manifestations of hemoglobin decline and hemorrhagic shock, can contribute to the diagnosis of intra-abdominal bleeding. However, when we decided to perform the laparotomy, more evidence and indications would be expected and needed, especially for the pregnant women. Therefore, the puncture of the abdominal cavity or the posterior fornix was conducted, which did not last for long. Moreover, the anti-shock treatment, blood preparation and corresponding preoperative preparations were also performed at the same time.

2. The language classification is Grade D. Please visit the following website for the professional English language editing companies we recommend: <https://www.wjgnet.com/bpg/gerinfo/240>

Response: According to the comment, the manuscript has been carefully proof-read and revised.

3. PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout.

Response: According to the comment, the information concerning the PMID and DOI of the references has been added in the revised manuscript.

4. The “Article Highlights” section is missing. Please add the “Article Highlights” section at the end of the main text

Response: According to the comment, the Article Highlights have been added in the revised manuscript.

Reviewer’s comments:

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade D (Rejection)

Conclusion: Major revision

1. Poorly written and needs extensive review to become legible.

Response: According to the comment, the manuscript has been carefully proof-read and revised.

2. Can the authors comment on the type of abdominal incision done, some bleeding sites might not be accessible with a Pfannenstiel incision.

Response: All the patients had the longitudinal abdominal incision, and we have commented on this in the Discussion section in the revised manuscript.

3. Question the need for drainage, a recurring intervention which only wastes time in such urgent situations with obvious diagnosis of intra-abdominal bleed. Nowadays, ultrasound bed-side is available in most labor wards.

Response: Ultrasound examination by the bedside, combined with the patient's manifestations of hemoglobin decline and hemorrhagic shock, can contribute to the diagnosis of intra-abdominal bleeding. However, when we decided to perform the laparotomy, more evidence and indications would be expected and needed, especially for the pregnant women. Therefore, the puncture of the abdominal cavity or the posterior fornix was conducted, which did not last for long. Moreover, the anti-shock treatment, blood preparation and corresponding preoperative preparations were also performed at the same time.

4. In case 2, the fetus was potentially salvageable, need to put in comments that quick action is needed to rescue such newborns.

Response: As suggested, we have commented on this in the Discussion section in the revised manuscript.

5. Why the prolonged hospital stay in cases 1 and 2, please comment.

Response: The patients were usually discharged 3 days after the cesarean section. Case 1 was a patient from other province, who was discharged at 7 days of postoperative observation, when the wound healed. The patient was subjected to the postoperative review after returning to her place of residence. Case 2 had the hepatic rupture and hemorrhage, with large amount of bleeding, and the condition was critical. Moreover, the patient needed a second operation to remove the abdominal gauze compression gauze pad. Thus, their hospital stay was relatively longer. We have made corresponding changes in the revised manuscript. Please check!

6. The names of vessels are not clear, please adjust.

Response: According to the comment, the vessel names have been adjusted. For example, the extalpelvic iliac vessel has been changed into the external iliac vessel.

7. Why progesterone was given IM for renal stone?

Response: Progesterone has the antispasmodic, relaxing, and dilating effects on ureter and urethral smooth muscle. Meanwhile, it also has a competitive antagonistic effect on aldosterone. These effects can promote stone excretion, suppress stone formation and significantly relieve renal colic pain. Thus, progesterone was given IM for renal stone in Case 4 to promote stone excretion and relieve renal colic pain. We have made corresponding changes in the revised manuscript. Please check!

8. Suggest deletion the histological figure is irrelevant Title.

Response: According to the comment, the irrelevant histopathological picture in Fig. 1 has been deleted.

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: Nice series of case reports

Response: Thanks for the comments.

Dear editor,

We are resubmitting the Manuscript ID 54229 entitled " Intra-abdominal hemorrhage during pregnancy: report of 4 cases" to "World Journal of Clinical Cases". Our responses to the comments by the reviewers are outlined below. Please also see the revised manuscript for details. For easily reading, we use the TRACK function of MICROSOFT WORD. Please simply select "Accept changes" to get rid of the TRACK markers if you do not like the tracks.

Reviewers' comments:

1-suggest including the reference on the use of progesterone in renal stone treatment.

Response: The following reference has been added to the revised manuscript. Please check!

[Roger. Intraluminal wire retrieval of proximally migrated pediatric double-J stent. J Urol, 1995, 154(1):223-224.]

2-Culdocentesis was performed which is a fact, but in a review of the literature, the only cases where culdocentesis was done in pregnancy were cases suspected to be ectopic.

Response: The reviewer's suggestion is very important. Ultrasound-guided abdominal puncture or culdocentesis were used as indications for laparotomy in three pregnant cases in this study. Ultrasound-guided abdominal puncture or culdocentesis could contribute to the quick and clear disease diagnosis. More evidence and indications are needed for laparotomy, especially for the pregnant women. However, when ultrasound examination by the bedside, combined with the patient's manifestations of hemoglobin decline and hemorrhagic shock, suggest the diagnosis of intra-abdominal bleeding, an exploratory laparotomy can be immediately performed to gain time for rescue without puncture.

We have further discussed this in the Discussion section of the revised manuscript. Please check!

3-Again, the language needs a lot of polishing, I have included a polished version of the manuscript (without track changes since lots of changes were done) for the authors to use as a guide.

Response: Thank you for your kind work. As suggested, we have gotten editorial help to improve the English writing of the revised manuscript. Please check!

4-Please re-write the case report section (Case Presentation), and add FINAL DIAGNOSIS, TREATMENT, and OUTCOME AND FOLLOW-UP section to the main

text, according to the Guidelines and Requirements for Manuscript Revision which can be downloaded at <https://www.wjgnet.com/bpg/GerInfo/291>.

Response: As suggested, we have re-written the case report section and added FINAL DIAGNOSIS, TREATMENT, and OUTCOME AND FOLLOW-UP section to each case in the main text. Please check!