

Dear Editor:

Thanks a lot for your reviews to our manuscript. We also appreciate the time and effort you and the reviewers have dedicated to providing insightful feedback on ways to strengthen our paper. We have incorporated changes that reflect the detailed suggestions you have graciously provided. We also hope that our revisions and the responses we provide below satisfactorily address all the issues and concerns you have noted. To facilitate your review of our revisions, the following is a point-by-point response to the questions and comments delivered in your letter.

To reviewer 1 (NO. 00742116)**GENERAL COMMENTS:**

The Authors present another case of diagnostic hysteroscopy performed inadvertently during early pregnancy. Interestingly, the pregnancy ended-up with the successful delivery of a healthy baby.

The manuscript needs review by a proofreader with good written English skills. Although no spelling or syntax errors are present, elementary English render the paper of relatively poor language quality.

Furthermore, Discussion section needs improvement, with reference to some more papers relative to this issue.

RESPONSE: Thank you very much for your time and effort to review our manuscript. Under your helpful suggestions, we have revised our manuscript accordingly. Firstly, we had our language polished by a language editing company and got a certificate from that company. Secondly, we improved the discussion section with reference to some more papers. Finally, to facilitate your review of our revisions, the following is a point-by-point response to the questions and comments delivered in your letter.

SPECIFIC COMMENTS:

1.KEY WORDS

Vaginoscopy should be omitted

RESPONSE: Key word “Vaginoscopy” has been omitted accordingly.

2.INTRODUCTION

The Authors state “We here report the first case of a woman who had pregnancy found accidentally during diagnostic hysteroscopy and the procedure did not disturb the pregnancy.”

However, this is not the first case reported! Actually a brief search by myself revealed at least another 4 cases:

Ongoing pregnancy in woman who inadvertently underwent office hysteroscopy during early pregnancy.

Erenus M, Sezen D.

Fertil Steril. 2005 Jan;83(1):211-2.

Early pregnancy is elusive and robust.

AL-Mizyen E1, Barnick CG, Grudzinskas JG.

Early Pregnancy. 2001 Apr;5(2):144-8

Early intrauterine pregnancy during major surgery: the importance of preoperative assessment and advice.

Pontré JC, McElhinney B

BMJ Case Rep. 2018 Jan 17;2018. pii: bcr-2017-222731. doi: 10.1136/bcr-2017-222731.

A case report of inadvertent hysteroscopy and laparoscopy in a patient of uterus didelphys with early pregnancy.

Dwivedee K1, Banfield PJ.

J Obstet Gynaecol. 2007 Aug;27(6):638-9.

RESPONSE: Thank you very much for providing these references and suggestions which are very helpful. We went through all the papers in full text except the one titled “Early pregnancy is elusive and robust”. Sadly, we could only see the abstract of that paper even we tried every way to find the full text. We can’t find any link to that full text online. After reading those papers, we want to indicate that, all the patients in those papers underwent hysteroscopy in implantation stage and the images under hysteroscopy were all normal. The diagnoses of pregnancy were not made during the procedure. The diagnoses were made because of delayed menstrual period many days after the hysteroscopy, which is very different from our case. Images under our hysteroscopy were unusual and we confirmed the diagnosis right after the procedure. As far, we haven’t found a similar case by searching NCBI online. However, we used inappropriate words and changed the words “the first case” into “a rare case” (Page 4). Thank you very much for reminding us.

3.DISCUSSION

(1). The References in the paper do not necessarily correspond to the Reference List found at the end... For example notice in the Discussion: “Assaf, et al reported successful pregnancy outcomes after removal of intrauterine devices by CO2 hysteroscopy during early pregnancy. As was reported, 31 of 50 patients achieved full-term pregnancy after the procedure[1]” whereas in the Ref List it is No 2!

RESPONSE: Corrected accordingly.

(2). “Erenus and Seze” instead of “Mith,at and Devrin” are the Surnames of the Authors of reference No 7

RESPONSE: Corrected accordingly.

(3). The Authors state two Papers where IUD was removed hysteroscopically during pregnancy (Assaf et al 1992 and Cohen et al, 2017). However, many other papers have been published on that issue in between. Furthermore, publications on hysteroscopic removal of Levonorgestrel IUD during pregnancy have been published. Please make a brief notice...

RESPONSE: Thank you for making this suggestion. We carefully read the relevant articles you gave and made a supplementary accordingly. (Page 6,7). (Reference number: 9)

(4). The Authors state:

“Live birth outcomes have been reported in a few cases when using invasive measures such as hysteroscopy and hysterosalpingography during pregnancy.”

It would be better to enrich their statement with the inclusion of intrauterine infusion of dye through laparoscopy (dye test or chromotubation).

RESPONSE: We added a case related to this suggestion in the revision manuscript. (Page 7). (Reference number: 14)

(5). Given that this is not the first case reported on that issue, the Authors are advised to refer to some of the other cases reported in the literature and are omitted from the Discussion, such as:

Early intrauterine pregnancy during major surgery: the importance of preoperative assessment and advice.

Pontré JC, McElhinney B

BMJ Case Rep. 2018 Jan 17;2018. pii: bcr-2017-222731. doi: 10.1136/bcr-2017-222731.

A case report of inadvertent hysteroscopy and laparoscopy in a patient of uterus didelphys with early pregnancy.

Dwivedee K1, Banfield PJ.

J Obstet Gynaecol. 2007 Aug;27(6):638-9.

RESPONSE: Thank you for these suggestions and articles provided. We read the articles, put them into our manuscript and made discussion accordingly. (Page 7). (Reference number: 15,16) Furthermore, With your helpful suggestions we added another article to enrich the content of the article. (Page 7) (Reference number: 13)

(6). The Authors should mention that instead of discontinuing the hysteroscopic procedure and performing later on blood tests to confirm the tentative diagnosis of early pregnancy, the best option would be to pause the procedure collect a urine sample and test it for urinary beta HCG at the time of surgery! A viable pregnancy of 4+weeks would be identifiable then.

RESPONSE: Thank you for providing these insights. That's very helpful. We agree with you on that and revised our article accordingly. (Page 7,8)

(7). A common practice would be that all women scheduled for elective pelvic surgery should be advised to use effective contraception or avoid unprotected sexual intercourse in the preceding month given that a hCG test prior to surgery to exclude pregnancy is not considered cost effective as the Authors state.

RESPONSE: This is a very important and very critical issue. Thank you very much for pointing out. I want to explain and clarify this. In fact, the patient had requested a hysteroscopy 2 months before the procedure was actually performed. She was in luteal phase at the time. However, she was not allowed to undergo hysteroscopy because she had unprotected sexual intercourse earlier in that cycle. Then she was told to come after 2 menstrual cycles. She was asked to adopt contraceptive measures during the period. She provided a false history when she returned to undergo hysteroscopy. She denied that she had any sexual intercourse during the previous month because her husband was not at home. After the diagnosis of pregnancy, she admitted that she lied because she never thought she would be pregnant. When we talked with her about writing this article 9 months ago, she said that it would be better if we don't mention this. She didn't want the readers to think she was stupid. Although she understood that the readers actually didn't care who the patient was. After your comment on this, we realized that the history was so important that we couldn't omit it. We called the patient and explained. She agreed with our opinion then we revised the article based on the facts. We feel very sorry for not communicating fully with the patient before writing this paper. We have learnt that lesson. Once again, we are very grateful to you for taking the time to help us modify the article and make useful suggestions.

To reviewer 2 (NO. 03261379)

Congratulations on your successful case. I think it's a well written article, although there are some minor grammatical corrections to be made. The images are very nice and the case presentation is very clear. I suggest you update your references and comment more on the use of hysteroscopy and the difference between techniques.

RESPONSE: Thank you for your evaluation of our manuscript. We are very grateful to you for taking the time to review our manuscript. Under your valuable suggestion, we updated our references accordingly and added some references to enrich our statement and discussion (Page 5,6,7). Furthermore, based on another 3 references (Reference number: 4,5,6) we made a discussion in the differences among the techniques related to diagnosis of intrauterine lesions in infertile women. (Page 5,6)

To reviewer 3 (NO. 00742268)

The clinical researchers report on the successful pregnancy after an inadvertently performed hysteroscopy in very early pregnancy. Comments Use of - et al. - in case of 2 authors is not correct. Citation for reference 7 is not matching.

RESPONSE: Thank you very much for your reviews to our manuscript. We also appreciate the time and effort you have dedicated to providing very useful feedback. We have corrected the way the authors' names are cited and then matched the references accordingly.