

Dear Editors and Reviewers:

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "Ovarian pregnancy rupture following ovulation induction and intrauterine insemination: a case report and literature review" (Manuscript No: 68883, Case Report). The comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our researches. We have studied the comments carefully and made corrections in the manuscript accordingly, which we hope will be approved. The revised text has been marked in red in the manuscript. The point by point responses to the reviewer's comments are as follows:

Responses to the reviewer's comments:

1. Response to comment (Reviewer #1): You claimed that the patient had no history of PID and previous surgery, but extensive adhesion was found during laparoscopy. How do you justify this adhesion?

Response: We have made supplementary explanations according to the comments of the reviewer. According to the minimum criteria for the diagnosis of PID established by the US CDC in 2010, uterine tenderness, cervical pain, and adnexal tenderness are the indicators of PID; however, none of these were found in the patient's history or gynecological examination before ovulation induction. It may also be that the PID symptoms were mild, or the patient's expression was unclear, and consequently, a diagnosis of PID was not established; hence, there is a possibility of missed diagnosis. In addition, the patient tested positive for *Ureaplasma urealyticum* in laboratory tests conducted 3 months before IUI but had no symptoms of urogenital tract infection. According to the Chinese expert consensus on the diagnosis and treatment of urogenital tract mycoplasma infection (Chinese Journal of Sexual Science, 2016, Vol. 25, No. 3), no treatment was required for this condition. We have made the required changes in the first paragraph of the Case Presentation section.

2. Response to comment (Reviewer #1): The authors should explain how their findings make a difference for gynecologists around the world and the readers of the World Journal of Clinical Cases?

Response: We recommend that attention should be paid to the screening and timely treatment of PID in young and sexually active women to prevent pelvic adhesion and infertility. Close attention should be paid to a history of PID before IUI treatment, and such patients should be closely followed up after IUI. Early measurement of serum  $\beta$ -hCG levels and ultrasonic examination are essential for timely diagnosis of ovarian pregnancy after ovulation induction and IUI to avoid more serious complications.

3. Response to comment (Reviewer #1): More minor issues that should be addressed include: 1. Page 4, line 73, the verb “are” doesn’t agree with the subject. Consider changing it to “is”. 2. Page 4, line 80, the noun phrase “rare complication” seems to be missing a determiner before it. Consider adding an “a” before it. 3. Page 6, line 111, use “the” before “administration”. 4. Page 8, line 165, use “the” before “case”. 5. Page 9, line 179, use “the” before “IUI”. 6. Page 9, line 185, use “the” before “pelvic”.

Response: We apologize for the errors, which have been corrected in the revised manuscript.

We appreciate the Editors/Reviewers’ efforts, and hope our corrections will be approved.

Once again, thank you very much for your comments and suggestions.