

Dear Dr. Kakinuma,

We are pleased to inform you that, after preview by the Editorial Office and peer review as well as CrossCheck and Google plagiarism detection, we believe that the academic quality, language quality, and ethics of your manuscript (Manuscript NO. : 73522, Case Report) basically meet the publishing requirements of the World Journal of Clinical Cases. As such, we have made the preliminary decision that it is acceptable for publication after your appropriate revision.

Upon our receipt of your revised manuscript, we will send it for re-review. We will then make a final decision on whether to accept the manuscript or not, based upon the reviewers' comments, the quality of the revised manuscript, and the relevant documents.

Please follow the steps outlined below to revise your manuscript to meet the requirements for final acceptance and publication.

1 MANUSCRIPT REVISION DEADLINE

We request that you submit your revision in no more than 14 days. Please note that you have only two chances for revising the manuscript.

2 PLEASE SELECT TO REVISE THIS MANUSCRIPT OR NOT

Please login to the F6Publishing system at <https://www.f6publishing.com> by entering your registered E-mail and password. After clicking on the "Author Login" button, please click on "Manuscripts Needing Revision" under the "Revisions" heading to find your manuscript that needs revision. Clicking on the "Handle" button allows you to choose to revise this manuscript or not. If you choose not to revise your manuscript, please click on the "Decline" button, and the manuscript will be WITHDRAWN.

3 SCIENTIFIC QUALITY

Please resolve all issues in the manuscript based on the peer review report and make a point-by-point response to each of the issues raised in the peer review report. Note, authors must resolve all issues in the manuscript that are raised in

the peer-review report(s) and provide point-by-point responses to each of the issues raised in the peer-review report(s); these are listed below for your convenience:

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: Transvaginal ultrasound-guided ethanol injection for ectopic pregnancy is a relatively common treatment of ectopic pregnancy technology, this technology is mainly reported in the application of ectopic tubal pregnancy, there are relatively few reports on the application of cervical ectopic pregnancy. This report accumulates the experience of this technique in the treatment of cervical ectopic pregnancy, and is worthy of recommendation.

Answer:

This manuscript has been checked by a professional English language editing company before submission.

Reviewer #2:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors: This article used ultrasound-guided local ethanol injection for fertility-preserving cervical pregnancy, which has certain clinical significance. But some opinions are as follows: 1. In INTRODUCTION, the author says "Nevertheless, reports on this topic are scarce." It was lack of reference "A Novel Treatment for Cervical and Cesarean Section Scar Pregnancies by Transvaginal Injection of Absolute Ethanol to Trophoblasts: Efficacy in 19 Cases" It is also recommended to discuss and explain the advantages of this study compared with previous similar documents. 2. For CASE PRESENTATION, it is recommended that paragraphs be adjusted and could be merged appropriately. 3. If the title of this article is named as Ultrasound-guided local ethanol injection for fertility-preserving cervical pregnancy accompanied by fetal heartbeat: Two case reports and literature review, it would be better to add literature review for this treatment.

Answer:

I am aware of the aforementioned paper. We have also published the effectiveness of local alcohol therapy in oviductal and stromal pregnancies in a different article. What is new in this paper is that alcohol local injection therapy was effective for patients with high HCG levels and positive fetal heart rate, for whom conventional MTX therapy was likely to be unsuccessful.

4 LANGUAGE POLISHING REQUIREMENTS FOR REVISED MANUSCRIPTS SUBMITTED BY AUTHORS WHO ARE NON-NATIVE SPEAKERS OF ENGLISH

As the revision process results in changes to the content of the manuscript, language problems may exist in the revised manuscript. Thus, it is necessary to perform further language polishing that will ensure all grammatical, syntactical, formatting and other related errors be resolved, so that the revised manuscript will meet the publication requirement (Grade A).

Authors are requested to send their revised manuscript to a professional English language editing company or a native English-speaking expert to polish the manuscript further. When the authors submit the subsequent polished manuscript to us, they must provide a new language certificate along with the manuscript.

Once this step is completed, the manuscript will be quickly accepted and published online. Please visit the following website for the professional English language editing companies we recommend: <https://www.wjgnet.com/bpg/gerinfo/240>.

Answer:

This manuscript has been checked by a professional English language editing company before submission.

5 ABBREVIATIONS

In general, do not use non-standard abbreviations, unless they appear at least two times in the text preceding the first usage/definition. Certain commonly used abbreviations, such as DNA, RNA, HIV, LD50, PCR, HBV, ECG, WBC, RBC, CT, ESR, CSF, IgG, ELISA, PBS, ATP, EDTA, and mAb, do not need to be defined and can be used directly.

The basic rules on abbreviations are provided here:

(1) Title: Abbreviations are not permitted. Please spell out any abbreviation in the title.

Answer

No abbreviations are used in the title.

(2) Running title: Abbreviations are permitted. Also, please shorten the running title to no more than 6 words.

Answer

No abbreviations are used in the running title.

(3) Abstract: Abbreviations must be defined upon first appearance in the Abstract. Example 1: Hepatocellular carcinoma (HCC). Example 2: Helicobacter pylori (H. pylori).

Answer

As required, I have defined all abbreviations upon first appearance in the Abstract.

(4) Key Words: Abbreviations must be defined upon first appearance in the Key Words.

Answer

No abbreviations are used in the key words.

(5) Core Tip: Abbreviations must be defined upon first appearance in the Core Tip. Example 1: Hepatocellular carcinoma (HCC). Example 2: Helicobacter pylori (H. pylori)

Answer

No abbreviations are used in the Core Tip.

(6) Main Text: Abbreviations must be defined upon first appearance in the Main Text. Example 1: Hepatocellular carcinoma (HCC). Example 2: Helicobacter pylori (H. pylori)

Answer

As mentioned, I have defined all abbreviations upon first appearance in the Main Text.

(7) Article Highlights: Abbreviations must be defined upon first appearance in the Article Highlights. Example 1: Hepatocellular carcinoma (HCC). Example 2: Helicobacter pylori (H. pylori)

Answer

No abbreviations are used in the Article Highlights.

(8) Figures: Abbreviations are not allowed in the Figure title. For the Figure Legend text, abbreviations are allowed but must be defined upon first appearance in the text. Example 1: A: Hepatocellular carcinoma (HCC) biopsy sample; B: HCC-adjacent tissue sample. For any abbreviation that appears in the Figure itself but is not included in the Figure Legend textual description, it will be defined (separated by semicolons) at the end of the figure legend. Example 2: BMI: Body mass index; US: Ultrasound.

Answer

No abbreviations are used in the Figure Titles/Legends.

(9) Tables: Abbreviations are not allowed in the Table title. For the Table itself, please verify all abbreviations used in tables are defined (separated by semicolons) directly underneath the table. Example 1: BMI: Body mass index; US: Ultrasound.

Answer

This case report does not include tables.

Authors must revise the manuscript according to the Editorial Office' s comments and suggestions, which are listed below:

(1) Science editor:

The manuscript reports 2 cases of cervical pregnancy with fetal heart rate treated by ultrasound-guided local ethanol injection. The manuscript is well, concisely and coherently organized and presented and the style. Nevertheless, there are a number of points that may deserve some revisions. The choice of the references is outdated. The author can summarize the current research and summarize a table.

Language Quality: Grade B (Minor language polishing)

Scientific Quality: Grade C (Good)

Answer

As suggested, I have replaced the outdated references with new ones.

(2) Company editor-in-chief:

I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office' s comments and the Criteria for Manuscript Revision by Authors. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor.

Answer

As required, I have arranged all figures using PowerPoint.

7 STEPS FOR SUBMITTING THE REVISED MANUSCRIPT

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Please click and download the Format for authorship, institution, and corresponding

author guidelines, and further check if the authors names and institutions meet the requirements of the journal.

Step 2: Manuscript Information

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Step 3: Abstract, Main Text, and Acknowledgements

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Best regards,

Jin-Lei Wang, Company Editor-in-Chief, Editorial Office

Baishideng Publishing Group Inc

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA

Telephone: +1-925-399-1568

E-mail: j.l.wang@wjgnet.com

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