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ESPS PEER REVIEW REPORT

Name of journal: World Journal of Clinical Cases

ESPS manuscript NO: 12952

Title: Conservative management of cervical pregnancy with intramuscular administration of methotrexate: case report and review of the literature.

Reviewer code: 02454968

Science editor: Fang-Fang Ji

Date sent for review: 2014-07-30 19:14

Date reviewed: 2014-08-01 18:06

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

this is an interesting study. The case report is well and clearly described and the discussion is concise. Just few comments: 1- in the title, you should include "and KCl injection" 2-you should specify if cardiac activity was present at time of diagnosis 3-was the pregnancy assisted or spontaneous?



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ESPS PEER REVIEW REPORT

Name of journal: World Journal of Clinical Cases

ESPS manuscript NO: 12952

Title: Conservative management of cervical pregnancy with intramuscular administration of methotrexate: case report and review of the literature.

Reviewer code: 00506304

Science editor: Fang-Fang Ji

Date sent for review: 2014-07-30 19:14

Date reviewed: 2014-08-26 21:41

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

General Comments: Petousis et al. report the case of cervical pregnancy that was successfully treated with methotrexate and intramniotic KCl. Neither additional intervention nor curettage was performed. In general, the present case of ectopic pregnancy is interesting. Specific concerns are as follows. Specific Comments: - In addition to CRL, is it possible to report the size of ectopic mass? - Please insert scale bars in Figs 1 and 2. - Was there a specific reason that methotrexate was not administered intramniotically? - For the first appearance of abbreviations, please add the full term (e.g., MTX and CRL in the abstract). - Please check typographical errors (e.g., haembolization on Page 3; indeed UAE stands for uterine artery embolization, not uterine arteries haembolization).



ESPS PEER REVIEW REPORT

Name of journal: World Journal of Clinical Cases

ESPS manuscript NO: 12952

Title: Conservative management of cervical pregnancy with intramuscular administration of methotrexate: case report and review of the literature.

Reviewer code: 02529120

Science editor: Fang-Fang Ji

Date sent for review: 2014-07-30 19:14

Date reviewed: 2014-09-02 13:17

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

A very interesting report of a rare condition which makes a valuable contribution to the literature. A few comments: Introduction - the following sentence's meaning is unclear and should be reworded: "However, the trend of modern clinical practice is mainly attributed to the usage of conservative treatment, with the administration of methotrexate (MTX) being on the basis of the various medication patterns.^{2,4,5}" Are you able to mention the contraceptive guidelines you offered this patient after MTX IM? If she is planning a further pregnancy, would you advise delaying conception for 3-6 months after methotrexate exposure? Also, are you able to speculate about cost effectiveness of invasive versus conservative management? Especially given the importance of close monitoring after conservative therapy. How did the patients tolerate intra-amniotic injection? Excellent, thorough literature review. Final paragraph: I think in this conclusion you need to mention the additional measure of intra-amniotic injection in this case in order to truly summarise this case, rather than stating ". Intramuscular administration of MTX may be effective in the treatment of cervical pregnancy without even necessitating additional interventional measures."