

October 29,

2021

World Journal of Clinical Cases,

Editor-in-Chief

Dr. Dennis A Bloomfield, Dr. Bao-Gan Peng, and Dr. Sandro Vento

Dear Dr. Bloomfield, Dr. Peng, and Dr. Vento,

Manuscript NO.: 71511, Case Report *entitled " **Importance of plain abdominal X-ray after insertion of levonorgestrel-releasing intrauterine system (LNG-IUS) to confirm the position: A case report and literature review "***

Attached is our revised manuscript, entitled as above, authored by Dr. Aki Maebayashi and colleagues. We appreciate the comments and constructive criticisms made by the reviewers regarding our manuscript. Changes and additions to our manuscript have been made in an effort to address all of their concerns.

Thank-you for the opportunity to revise our manuscript. We hope that it will now meet your expectations and look forward to hearing from you.

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: This is a worthy report of complications related to uterine perforation caused by LNG-IUS, which provides a certain reference for the diagnosis and treatment of the thread to be removed when the patient with LNG-IUS cannot be detected.

We are deeply grateful for your comments.

Reviewer #2:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors:

In introduction, it is common view that LNG-IUS is used for hypermenorrhea and dysmenorrhea. The author can delete some sentences.

We agree and appreciate this suggestion.

We deleted sentences.

Page 3; line 3

~~exerts a contraceptive effect, and~~ is also effective against hypermenorrhoea and dysmenorrhea

Page 4; line 8

Levonorgestrel-releasing intrauterine system (LNG-IUS) ~~has a contraceptive effect and~~

Page 5; line 5

These devices ~~was developed as a contraceptive system, but~~ are now widely available as a treatment for hypermenorrhoea and dysmenorrhea

Page 5; line 8

~~As to the contraceptive effect, the 5-year Pearl Index was reported to be 0.2 [3].~~

Page 5; line 13

~~LNG-IUS was introduced for contraceptive use in Japan in 2007.~~

Page 10; line 2

~~Based on continuously releasing LNG into the uterus, the LNG-IUS characteristically achieves the high efficacy of oral contraceptives and the long-term contraceptive effect of IUDs.~~

However, barium sulfate, which is a coating agent for LNG-IUS, does not always provide a high echo image. Did it have reference?

We agree and appreciate this suggestion.

We corrected the sentences as follows.

Page 6; line 1

However, LNG-IUS coated with barium sulfate, does not always provide a high echo image. Thus, LNG-IUS can be difficult to detect by ultrasound.

Reference; **Moschos E**, Twickler DM. Does the type of intrauterine device affect conspicuity on 2D and 3D ultrasound? *AJR Am J Roentgenol* 2011; 196: 1439-1443
PMID: 21606311 DOI: 10.2214/AJR.10.5483

How about pelvic examination?

We agree and appreciate this suggestion.

We added the following sentences and transvaginal ultrasound finding (Fig. 2-F) and Figure Legend.

Page 11; line 18

We evaluated the condition of the endometrium by transvaginal ultrasound three months after surgery (Fig. 2-F). No defects were found in the endometrium, and it was considered that the injury had no effects.

Page 20; line 11

Fig. 2F

The endometrium was smooth on transvaginal ultrasound (white arrow).

The discussion should focus the uterine cavity not complications.

We agree and appreciate this suggestion.

We added the following sentences.

Page 11; line 20

In this case, the patient did not wish to become pregnant in the future and did not wish to have a second-look hysteroscope. A second look is recommended within a few months after surgery, especially for patients who wish to become pregnant [16].

We deleted the following sentences.

Page 11; line 8

~~Although laparoscopic surgery is preferred, if bowel perforation or severe sepsis is present, then laparotomy is indicated [16].~~

Page 11; line 11

~~Risk factors include insertion at an early stage during the menstrual cycle, nulliparity, menorrhagia, and insertion immediately postpartum, as well as severe anatomic distortion of the uterine cavity [87]. Regardless of the type of myoma, the risk of expulsion increases in patients with myomas larger than 3.0 cm [17].~~

The myoma 3 was not showed in hysteroscope in Fig 2.

We agree and appreciate this suggestion.

We added Figure2-E and Figure Legend.

Page 20; line 9

Fig. 2E

LNG-IUS1 and 2 were further toward the bottom of the uterus than myoma2 and 3.

EDITORIAL OFFICE'S COMMENTS

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

(1) Science editor:

What does the author mean by “body temperature approximately”?

We agree and appreciate this suggestion.

We corrected the sentences as follows.

Page 7; line 21

~~approximately~~ 36.0 °C.

The references were not written in the standard format. The author added extra in the square. bracket

We agree and appreciate this suggestion.

We corrected the reference as the standard format.

(2) Company editor-in-chief:

I have reviewed the Peer-Review Report, the 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.

The title of the manuscript is too long and must be shortened to meet the requirement of the journal (Title: The title should be no more than 18 words).

We agree and appreciate this suggestion.

We corrected the title as follows.

Importance of abdominal X-ray to confirm the position of levonorgestrel-releasing intrauterine system: A case report

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.

We agree and appreciate this suggestion.

We provide the original figure documents using Power Point.

Again, we appreciate the detailed review of our manuscript.

Sincerely yours,

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