

Title:

Dear Editor and Reviewers,

Thank you very much for your valuable comments and suggestions on our manuscript. Following the reviewers' comments, we have modified and improved our manuscript according to your kind advises and referee's detailed suggestions. Enclosed please find the responses to the referees, we sincerely hope this manuscript will be acceptable to be published on World Journal of Clinical Cases.

Thank you very much for all your help and looking forward to hearing from your soon.

Best regards

Sincerely yours

Dr. Gao

Please find the following Response to the comments of referees.

Response to referee's comments.

Reviewer 1:

Dear Authors,

The authors have presented an interesting case of a rupture of a leiomyoma in pregnancy following degenerative changes. Please find below some comments.

Thank you very much for your valuable comments and suggestions on our manuscript.

- 1) In the abstract line 17, please specify what gestational age the Caesarean was done

Reply: Cesarean section was performed at 4 days after 37 weeks of pregnancy, which has been modified in the manuscript.

- 2) Throughout the manuscript the authors have alternated between the terms leiomyoma and hysteromyoma, although they mean the same thing, it may be worth if the authors stuck to a uniform terminology

Reply: Thanks for your help, we have uniformly used the term hysteromyoma in the manuscript.

- 3) Under the case report lines 31 and 32, could you please better describe the timeline of the initial presentation

Reply: Thank you for your suggestion, we have redescribed the timeline of the initial presentation in the manuscript.

- 4) Line 111-115, this could be rephrased as the authors have written two separate reports Rfor an abdominal ultrasound

Reply : Thanks for your help. We feel really sorry for our carelessness. Ultrasound shows a large amount of free fluid in the upper abdomen, indicating intra-abdominal hemorrhage. we have uniformly used the term hysteromyoma in the manuscript.

- 5) In line 119, please could you explain- the authors have said " a large amount of free fluid suggestive of a thrombus"

Reply: We feel really sorry for our carelessness again. Our manuscript has been modified "a large amount of free fluid in the upper abdomen suggestive of intra-abdominal hemorrhage" .

- 6) please could you kindly rephrase lines 130 and 151

Reply: Thank you for your suggestion, we have rephrased lines 130 and 151 in the

manuscript.

- 7) On line 154 the authors mention 'fetal protection', could you kindly explain what you mean by this?

Reply: We feel really sorry that the description is not detailed enough. Because the patient has irregular uterine contractions after surgery, we use ritodrine hydrochloride to inhibit the patient's uterine contractions.

- 8) How was this patient followed up after the initial surgery prior to delivery? A brief timeline of events may be beneficial

Reply: Thank you for your suggestion, timeline of events has been added in the manuscript.

- 9) was there any particular reason for the timing of the elective caesarean?

Reply: As the fetus grown up, the patient felt that the hysteromyoma oppressed the upper abdomen. Therefore, cesarean delivery after full term was selected.

- 10) In the discussion on line 239 it says intraabdominal haemorrhage can only be confirmed by a laparotomy, this may need correcting as even in this index case, the patient had a laparoscopy and not a laparotomy.

Reply: We feel really sorry for our carelessness. This has been corrected in the manuscript.

- 11) Are there any better laparoscopic images that show the rupture and initial hemoperitoneum?

Reply: Thank you for your suggestion, the images have been added in the manuscript.

Reviewer 2:

Reviewer comments

In this manuscript, the authors present a case of ruptured hysteromyoma during pregnancy. This appears to be a rare complication of a relatively rare condition and thus would contribute to the literature. However, the case is presented in an unclear manner and would benefit from significant revision prior to publication.

In general- the organization is a bit unclear; the case is presented in an atypical order and the authors seem to jump around and repeat description of diagnostic evaluations. There is also no discussion of a differential diagnosis and how to differentiate this condition from others that may present similarly. There is also inconsistency with terminology, significant grammar errors, and syntactical error throughout. The lines referenced in cares check list did not correspond to the document downloaded which precluded this reviewer from using the checklist to find components of the report.

Thank you very much for your valuable comments and suggestions on our manuscript.

- 1) Abstract

The abstract does a sufficient job at explaining what the authors did in the paper. However, it is quite long and could be shortened by removing redundancies. For example, the sentences from lines 11-29 could be condensed to "We present a case hysteromyoma

with rupture presenting as an acute abdomen in pregnancy,; or something similar.

Reply: Thank you for your kind suggestion, we have updated and shorted the abstract in the manuscript.

2) Introduction

- Lines 48-49 authors say hysteromyoma is rare and then in lines 53 and 55 authors use the word often to describe hysteromyoma

Reply: We feel really sorry that the description is unclear. Hysteromyoma is a common disease, but hysteromyoma combined with pregnancy is not very common. We have corrected in the manuscript.

- The authors switch between using leiomyoma, fibroid, and hysteromyoma which is a source of confusion for the reader – consider explaining the difference between these or using uniform terminology.

Reply: We feel really sorry for our carelessness, we have uniformly used the term hysteromyoma in the manuscript

- The final sentence is unclear and currently a run-on

Reply: Thank you for your kind suggestion. We have modified in the manuscript.

3) Case report

- The authors say, “left upper quadrant abdominal pain while resting, and the posterior abdominal pain spread to the whole abdomen and gradually aggravated” – was the pain posterior or in the left upper quadrant? Would it be more appropriate to say “The patient developed left upper quadrant pain at rest that progressed to severe diffuse abdominal pain.”

Reply: Thank you for your kind suggestion. We have modified this in the manuscript.

- Line 88-89 – the authors say “The patient’ s characteristics at the time of the visit were as follows:” Was this at the first admission, or did she present again with the pain? Also would recommend calling these vitals

Reply: Thank you for your question and suggestion. These are the clinical characteristics of patients with abdominal pain again. We have made corresponding modifications in the manuscript.

- Lines 89-90: please spell out abbreviations and correct grammar. Consider removing height and weight as these do not contribute to clinical picture. Please also remove symbol for “degrees”

Reply: Thank you for your kind suggestion. We have modified this in the manuscript.

- In lines 88-111 the authors transition from vitals chief complaint physical exam in no clear order. Consider revising for clarity.

Reply: Thank you for your kind suggestion. We have revised this in the manuscript.

- Both lines 111 and 115 refer to an abdominal ultrasound – is this the same ultrasound?

Reply : Thanks for your question. We feel really sorry for our carelessness. The ultrasound shows a large amount of free fluid in the upper abdomen, indicating intra-abdominal hemorrhage. In order to be better understood, we have revised the manuscript.

- The clinical course is confusing between lines 117 and 157 – the authors describe multiple imaging studies and somewhat give indications for the imaging modalities, however they do not describe why certain diagnoses were expected. They discuss extraction of non-coagulable

blood from the abdominal cavity- is this referencing a peritoneal lavage? Was it one fibroid or multiple as line 125 references uterine fibroids

Reply : Thanks for your question. We feel sorry for our carelessness. In order to be better understood, we have revised the manuscript. We performed abdominal puncture under the guidance of ultrasound, and extracted the uncoagulable blood. The number of hysteromyoma mentioned in line 125 is one.

- Line 154 says fetal protection treatment – what was this? Is this different than the anti-inflammatory (or was it just indomethacin?)

Reply: We feel really sorry that the description is not detailed enough. Because the patient has irregular uterine contractions after surgery, we use ritodrine hydrochloride to inhibit the patient's uterine contractions.

4) Discussion

- The authors touch on important pieces of management in the discussion however there are multiple pieces of information that are necessary to complete this report:

- o What is the conservative treatment modality used in myomas?
- o What is on the differential for this presentation?
- o Can you discuss the impact of radiation on the fetus and if CT scans are required? If a scan is required, is iodinated contrast recommended?
- o How does anemia of pregnancy affect the ability to detect acute anemia? Should women be treated with Rho gam?

Reply: Thank you for your kind suggestion. We have supplemented and modified accordingly in the manuscript. Conservative treatment of hysteromyoma during pregnancy mainly includes anti-inflammatory and contraction-inhibiting treatment. It is rare for patients with rupture of hysteromyoma and intraperitoneal hemorrhage during pregnancy. In this report, the patient underwent rupture of hysteromyoma and intraperitoneal hemorrhage, and then through laparoscopic exploration, thoroughly washed the abdominal cavity and placed the abdominal drainage tube, which achieved good results. Routine CT performed in a single session does not typically deliver a dose at which serious biologic effects occur. Though both CT scans and MRI can correctly identify the rupture of a degenerated hysteromyoma, since it was impossible to rule out whether the acute abdomen was caused by gastrointestinal perforation at the early stage of diagnosis, CT scans examination is a better choice. if no definite hemoperitoneum is found in the imaging examination, it is important to monitor the changes of hemoglobin. The patient had no indication for Rho GAM treatment.