

Response to reviewers:

Reviewer #1: Though this single case report may suggest the possible etiologic role of MIA regarding PA, given the absence of another obvious explanation, the collected information to date does not appear to be as compelling as it is to the authors. It is important to not leap to conclusions without sufficient evidence. Reporting of this unusual case in question may be warranted, but the conclusion that MIA can disproportionately lead to PA is not warranted from this case which was presented. Raising the possibility of the association can certainly be mentioned, but claiming there to be an established connection is not. This manuscript should be significantly revised if it is to be considered for publication.

Necessary corrections have been made in Discussion. We thank the reviewer for this kind reminder.

Reviewer #2: The case is interesting and good to publish. Minor corrections: 1. Final diagnosis "The patient was diagnosed with complete placenta previa in the 33nd week of gestation." Please change to 33rd week of gestation 2. An emergency Cesarean section was performed and the newborn was delivered, with a birth weight of 2500g and an Apgar score of 9-10 at 5-10 minutes. Please change to Apgar score of 9 at 5 minutes and 10 at 10 minutes. 3. A large defect of 5*3cm was noted in the uterine fundus after manual removal of the placenta (Figure 1); consequently, repair of the uterine defect was conducted immediately. Please use 5x3cm Thank you

Amendments have been made accordingly.