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**Name of Journal:** *World Journal of Obstetrics and Gynecology*

**ESPS Manuscript NO:** 23602

**Manuscript type:** MINIREVIEWS

Response Letter in Regards to Manuscript Editors Notes on manuscript entitled *Laparoscopic surgery in pregnancy*. Numbers were added to denote reviewer comment order.

George P et al. Laparoscopic surgery in pregnancy

Philip E George, Chaya Shwaartz, Celia M Divino

Reviewer's code: 02504712

Comment on the Manuscript title: Laparoscopic Surgery in Pregnancy

The manuscript describes a literature review of laparoscopic surgery in pregnancy. The authors focus on the physiology and anatomy of the pregnant patient, laparoscopic surgery in pregnancy and some common surgical problems of pregnant females. In general, this is a limited professional opinion in a limited area. The manuscript serves as a useful summary more than a review. It is certainly not a systematic review (as described in the methods) and lacks the rigour of a systematic review. It is not possible to ascertain from the manuscript how many articles were considered for this review, why they were selected and why others were excluded. As it stands, this review could not be replicated. The reporting of this "review" takes no account of the TREND or STROBE frameworks for review reports. Although it does not add new information to the literature, it probably summarises the available information. However, it is difficult to be certain how comprehensive or systematic this review is. The title is appropriate and reflects the major topic and content of the manuscript. However, the title should probably inform the readership that this is a limited review or professional opinion. The abstract is general and probably appropriate. The abstract should indicate the nature of the manuscript as a limited review article. The various sections of the review are clearly headed and include some results of the published studies with no attempts to compare them or evaluate their quality. The conclusion is appropriate but could be more focussed. There are a few points which the authors may consider revising:

1. The authors should revise the use of the term “systematic review” and should describe their review methodology.
2. The last paragraph before the conclusion seems to stand alone without an appropriate title. Was this supposed to be a discussion paragraph?. It should either be labelled appropriately or removed.
3. The manuscript would benefit from a review to check syntax and typographical errors.
4. The conclusion needs to be a little more specific in terms of what this manuscript offers.
5. The section on appendectomy would benefit from a table summarising the literature with columns labelled study, fetal loss, and pre-term delivery rate.

References in this manuscript are appropriate and relevant. In summary, this is a reasonable summary of the issue. It is written as a monograph or professional opinion but not as a scientific or systematic review. It would be useful as a supplement.

#### RESPONSE TO COMMENTS:

1. The content and frame of the article has been changed to a minireview as opposed to a review.
2. Paragraph was correctly labelled as discussion
3. Grammar and Syntax have been changed
4. Conclusion was updated to reflect more specific goals acting as a minireview to support laparoscopy in the settings defined
5. Table has been added to the appendectomy section with the 3 more major sources supplying data points

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Reviewer's code: 00729478

Satisfactory written ,the references are old

#### RESPONSE TO COMMENTS:

Added some updated references.

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Reviewer's code: 00742373

The manuscript titled “Laparoscopic surgery in pregnancy” summarized the changes of anatomy and physiology of circulation, gastrointestinal tract, hepatic and biliary, coagulation factors, and pain differences during pregnancy. The authors reviewed the laparoscopic surgery history, safety, adverse outcomes, and its advantages compare to open surgeries. The author also addressed some important key techniques for laparoscopic surgery during pregnancy. The most common surgical procedure were discussed in detail on appendectomy, cholecystectomy, and adnexectomy. The author concluded that laparoscopy is emerging as the standard approach for pregnant patients

requiring surgery. It is not uncommon for pregnant woman have surgical procedure. The clinical presentation of these women may be atypical and the evaluation of the patient could be challenging. This manuscript summarized common disease need surgical procedures. Reviewed the laparoscopic surgery in pregnant women and concluded that laparoscopy would be the standard surgery for such kind disease. Though the author discussed key points in laparoscopic surgery during pregnancy and highlighted studies comparing laparoscopic and open approaches in common surgical conditions during pregnancy. There are still some concerns and suggestions for review:

1. Methods: in the list of the keywords searched, it does not include some important diseases need to have laparoscopic surgery such as: fibroid, ectopic pregnancy, etc. Differences in anatomy and physiology: the changes of the physiology and some anatomy during pregnancy were discussed. The appendicitis is discussed in some part but not in detail. Some other common diseases were not discussed in this section.
2. Reviewer suggest add the different clinical presentation of common disease during pregnancy. Then raise the attention what we should do differently for surgical procedures during pregnancy compare to no-pregnant women surgery.

In the Common Surgery Procedures, it reviewed studies on common diseases of appendectomy, cholecystectomy, and adnexectomy. The difference of clinical presentation of such disease and some attention must be paid or modifying of the surgical procedures must be made for the procedure have not been pointed out.

#### RESPONSE TO COMMENTS:

1. We wanted to only focus on the most major indications for laparoscopy in pregnancy and thought that by widening the scope we would lose some detail.
2. Added more clinical presentations of the diseases in their respective sections

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Reviewer's code: 00742249

Comments: The authors reviewed laparoscopic surgery in pregnancy. This paper is well and concisely written. This manuscript provides useful information to the medical students, clinicians, and researchers in this field, therefore, is acceptable for publication in World Journal of Obstetrics and Gynecology. That is all.

#### RESPONSE TO COMMENTS:

Fixed grammar and typographic errors.

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Reviewer's code: 00742121

This is a well-written paper about laparoscopy during pregnancy, which may be accepted for publication after major revision according to the following comments:

1. Abstract, line 3: Please delete the word “only” .
2. Page 4, 1st paragraph: The authors should make clear that the circulating volume and cardiac output increase gradually as pregnancy advances.
3. Page 4, 2nd paragraph, 1st sentence: The authors should state that these changes take place gradually; the uterine fundus is at the level of the symphysis pubis only by the end of the first trimester and gradually advances to the woman’s umbilicus during the second trimester.
4. Page 5, 2nd paragraph: The authors state that in the Swedish study 16.1% of cases were treated laparoscopically. However, very few procedures could be performed laparoscopically in the 1970’s. Hence, most of these cases were probably diagnostic laparoscopies. Please specify the type of laparoscopic procedures if possible, by making the distinction between diagnostic and operative laparoscopy and providing the indications for operative laparoscopy.
5. Page 6, last paragraph: Laparoscopy is technically less challenging in the first trimester, since the uterus is still confined in the pelvis. However, there are concerns about the embryo(s), since organogenesis has not been completed. Please make a comment.
6. Page 8, 2nd paragraph: The authors should provide more information about in-patient postoperative management and hospital stay in general and the role of obstetricians postoperatively.
7. Page 8, last paragraph, second sentence: It seems that a verb is missing. Please rephrase or add “was published” at the end of the sentence starting with “In 2010,...”.
8. Page 8, last paragraph (continued in page 9): Please add p-values, odds ratios, confidence intervals and rates when missing for the following: a) 5.6% vs. 3.1% (Walsh et al.) b) 8.1% vs. 2.1% (Walsh et al.) c) 7% vs. 3% (McGory et al.) d) 599 vs. 2816 (Wilasrusmee et al.)
9. Page 8, last paragraph: The authors state that preterm delivery was increased in the open group. Please add a comment on the severe morbidity due to prematurity of infants.
10. Page 10, 1st paragraph: Please add a comment on technical issues; laparoscopy in the upper abdomen is technically easier than in the lower abdomen.
11. Page 10, 3rd paragraph: The authors state “tumor markers are normal” . However, CA-125, a tumor marker used to monitor ovarian cancer, is normally elevated during pregnancy; please make a comment.
12. Page 10, 3rd paragraph: The authors should make a comment on the role of Obstetricians-Gynecologists in laparoscopy of adnexal masses, especially during pregnancy.
13. Page 10, 4th paragraph: It seems that a title is missing for this subsection.

#### RESPONSE TO COMMENTS:

1. Deleted
2. Changed phrasing to discuss gradual nature of progression

3. Changed phrasing to discuss gradual nature of progression
4. Changed phrasing to reflect the percent attributed to diagnostic laparoscopy and added section to end of paragraph to discuss indications
5. Added sentence addressing historical concerns about surgery during organogenesis
6. Added information about post-operative management and role of obstetrician
7. Rephrased sentence
8. Added respective p values, odds ratios and rates for information provided
9. Added sentence on severity of preterm birth
10. Discussed technical issues per request
11. Corrected this fact
12. Reinforced role of obstetricians
13. Added title