Brahmana Askandar <brahmanaaskandar@gmail.com>

BMJ Case Reports - Manuscript ID bcr-2021-243594

BMJ Case Reports <onbehalfof@manuscriptcentral.com> Tue, Apr 13, 2021 at 8:12 AM
Reply-To: bmjcases@bmj.com
To: muhammad-i-a-a@fk.unair.ac.id, khanisyah@fk.unair.ac.id, brahmanaaskandar@gmail.com, renata.alya.ulhaq-2016@fk.unair.ac.id

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COVID-19: A message from BMJ: https://authors.bmj.com/policies/covid-19

12-Apr-2021

Dear Dr Tjokroprawiro:

Your manuscript entitled "Successful Management of a Pregnant Woman with COVID-19 and Multiple Severe Complications" has been successfully submitted online and is presently being given full consideration for publication in BMJ Case Reports.

Your manuscript ID is bcr-2021-243594.

Please mention the above manuscript ID in all future correspondence or when calling the office for questions. If there are any changes in your street address or e-mail address, please log in to ScholarOne Manuscripts at https://mc.manuscriptcentral.com/bmjcasereports and edit your user information as appropriate.

Please check that all author names are correctly entered as this will be the name displayed in any PubMed search.

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Any individuals listed as co-authors on this manuscript are copied into this submission confirmation email. If you believe that you have received this email in error, please contact the Editorial Office.

Thank you for submitting your manuscript to BMJ Case Reports.

Kind regards,

Editor in Chief, BMJ Case Reports

P.s. What did you think of the article submission process?
At BMJ, we constantly strive to improve our services for authors. We value your feedback and we'd be grateful if could take 5 minutes to fill out our short survey. Your responses will remain confidential and you won't be identified in any results.

Please click on this link to access the survey: https://www.surveymonkey.co.uk/r/VMXSQGP

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Brahmana Askandar <brahmanaaskandar@gmail.com>

BMJ Case Reports - Decision on Manuscript ID bcr-2021-243594

BMJ Case Reports <onbehalfof@manuscriptcentral.com> Tue, May 4, 2021 at 4:43 PM
Reply-To: bmjcases@bmjgroup.com
To: brahmanaaskandar@gmail.com

COVID-19: A message from BMJ: https://authors.bmj.com/policies/covid-19

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bcr-2021-243594 - "Successful Management of a Pregnant Woman with COVID-19 and Multiple Severe Complications"

Dear Dr Tjokroprawiro,

Many thanks for submitting your manuscript to BMJ Case Reports. Unfortunately, we are unable to accept the article in its current state as the reviewer had some major concerns, but we will consider re-reviewing a revised version taking into account the critical comments of the reviewer. Please note that we permit a maximum of three revisions. Thereafter, all submissions are rejected without appeal. This is based on the consideration that after three revisions, new reviewers must be found and they invariably have further comments that authors found difficult to accommodate.

Please note that your revision may be subject to further review and that this initial decision does not guarantee acceptance.

To submit your revised article please click this link: *** PLEASE NOTE: This is a two-step process. After clicking on the link, you will be directed to a webpage to confirm. ***

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Please read and respond to all of the peer review comments. You should provide a point-by-point response to explain any changes you have (or have not) made to the original article and be as specific as possible in your responses.

The original files will be available to you when you start your revision. Please delete any files that you intend to replace with updated versions and upload the following using the appropriate file designation:
- ''Main Document'' - This is a clean copy (without tracked or highlighted changes) of your Full Case/Images In/Global Health template. Please delete your original submission file.
- "Main Document - marked copy" - This is the edited version of your original article, including edits to address the peer review comments. Any changes have been highlighted using a track change function or bold or coloured text.
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Information relating to your article, including author names and affiliations, title, abstract and required statements (e.g. competing interests, contributorship, funding) will be taken directly from the information held in ScholarOne, and not from the article file. Please check that this information has been entered correctly and has been updated as appropriate. If your revised article is accepted, you will only be able to make minor changes (e.g. correction of typesetting errors and proof stage) prior to publication.

Please submit your revised article by 03-Jun-2021. If we have not received it by this date, the opportunity to submit a revision will expire and your article may be treated as a new submission. If you need to request an extension, please contact the Editorial Office as soon as possible.

Thank you for submitting your article to BMJ Case Reports; we look forward to receiving your revision.

If you have any queries, please contact the Editorial Office at bmjcases@bmj.com.

Kind regards,

Miss Seema Biswas
Editor in Chief, BMJ Case Reports

Reviewer(s)' Comments to Author (if any):

Reviewer: 1

Comments to the Author
The case report is well written, however i suggest to change the medication writing pattern as example: levofloxacin 1 x 750 mg and ciprofloxacin 1 x 200 mg, to be written as once daily for better clarity.

Reviewer: 2

Comments to the Author
The author describes his/her experience of a pregnant patient whose pregnancy was complicated by SARs-CoV-2 infection. The pregnancy was further complicated by preeclampsia with severe features, intrauterine growth restriction and oligohydramnios. The patient ultimately underwent a cesarean section for worsening preeclampsia and nonreassuring fetal heart tracing. Postoperatively, the patient had refractory hypotension and acute blood loss anemia. Accordingly, the patient underwent an exploratory laparotomy which revealed a Couvelaire uterus and uterine hematoma resulting in supracervical hysterectomy.

The patient was subsequently admitted to the intensive care unit with PSIMV ventilation. While under ICU management the patient tested positive for SARs-CoV-2 infection. The patient was given remdesivir, convalescent plasma, and antibiotics for suspected superimposed bacterial pneumonia. The patient was placed on prophylactic heparin secondary to an elevated D-dimer. Once extubated the patient developed a supra-facial hematoma and heparin was stopped. The patient was subsequently extubated and fully recovered with discharge on postoperative day 25.

This is a case report. The aim of this case report was to detail complications associate with COVID-19 in pregnancy and the postoperative complications endured by the author. There were multiple unique complications (e.g. COVID-19, postpartum hemorrhage, Couvelaire uterus) that were detailed. This offers multiple learning points for obstetricians and gynecologists. There is no discussion of the differential diagnoses related to the case. For instance, the hypotension could have been due to acute blood loss, postpartum cardiomyopathy, internal bleeding, or pulmonary embolism. The author should discuss the differential diagnoses and how they arrived to their ultimate diagnosis. Overall, the paper is well written in a high standard of English. There are a few grammatical mistakes. There is coherent flow and structure. The images are of high quality but are only 150 X 150 DPI (images should be 300X300DPI, this can be done with programs such as photoshop or GIMP).

I have a few comments which I have listed below in the order they are in the text:

- It is standard to list the gravidity and parity of a patient in obstetrics and gynecology case reports.
- Intrauterine growth restriction should be quantified (e.g. 7th percentile). IUGR = intrauterine growth restriction (not retardation). Standard terminology and abbreviations should be used (e.g. intravenous (IV) not inj.)
- Citations need to be used for data within the manuscript (e.g. the number of total COVID-19 cases and deaths worldwide are reported without a citation).
- Why was the patient screened with the Antibody test and not the RT-PCR for COVID-19? Is this standard?
- Why was a cesarean section recommended to the patient and not induction of labor?
- Postoperative Hgb 3.8 g/d but no mention of transfusion - Was there blood transfusion given? You state that patient lost an additional 1200cc during the ex lap. This would result in maternal mortality. Please address whether the patient was transfused prior to exlap.
- The following should be addressed to enhance the reader's understanding of clinical reasoning:
    - o Why was supracervical hysterectomy chosen?
    - o Why was the patient not extubated following the exlap? Why was the ventilator used through postoperative day 8?

- Sensitivity and specificity are confused on pg 9. The false negative rate is related to the test's sensitivity not specificity. Sensitivity = the ability of a test to correctly identify (detect) true positives.
- It is stated that the false negative rate for RT-PCR for SARs-CoV-2 is estimated to be 0.13% but then stated that "RT-PCR tests need to be repeated periodically to minimize the risk of false-negative results." These seem to be contradictory. This should be justified. A low false negative rate would not necessitate repeated testing.
- It is stated that "soluble Fms-like Tyrosine Kinase 1 (sFLt-1), Placental Growth Factor (PIGF) level, and uterine artery doppler index may be able to differentiate between [true preeclampsia and a preeclampsia-like syndrome associated with COVID-19]," however these are not currently used clinically and are not standard of care. Why did you treat your patient as preeclampsia in light of the previous discussion of the "preelampsia-like syndrome"
- It is stated that "the presence of severe PE increases the risk of postpartum hemorrhage (PPH) which eventually leads to hysterectomy." Not all cases of PPH result in hysterectomy (oxytocin, hemabate (carboprost), methergine (methylergonovine), uterine artery ligation, uterine artery embolization, Bakri balloon, B-lynch suture, etc), and the circumstances that were unique in your case that lead to hysterectomy should be addressed as well as why other therapeutic options for PPH were not clinically indicated.
- It is stated that "risk of a major hemorrhagic even during heparin therapy for deep venous thrombosis or pulmonary edema is 4%" - this sentence mistakes pulmonary embolism for pulmonary edema. Furthermore, the patient in the case report was on prophylactic heparin not therapeutic heparin.
- In the conclusion it is stated that "the diagnosis of COVID-19 can not be based solely on the molecular test.." The author should qualify this statement and give references.
- The case report would be more meaningful if the following were addressed:
  - o Why should oxygen saturation be maintained above 95% in pregnant patients with symptomatic SARs-CoV-2 infections?
  - o Why were steroids not given in the management of COVID-19 pneumonia? When is remdesivir, dexamethasone, and convalescent plasma indicated? What are the safety profiles in pregnancy?
  - o What are the recommendations for when to start a pregnant patient on Heparin in the light of elevated D-dimer levels and COVID-19? (is there a threshold at which one should start heparin prophylaxis?). What are SMFM recommendations? How does pregnancy complicate D-dimer levels? How does this affect the interpretation of this laboratory test?
  - o What are the risk factors for Enterococcus galinarum? Was this believed to be iatrogenic? Did intubation play a role?

Some of the conclusions seem invalid (e.g. that multiple RT-PCR test should be done or that PPH leads to hysterectomy). These should be addressed with references backing up these statements.

Brahmana Askandar <brahmanaaskandar@gmail.com>

Your submission to BMJ Case Reports has been accepted

BMJ Case Reports <onbehalfof@manuscriptcentral.com> Sun, Aug 29, 2021 at 1:47 PM
Reply-To: bmjcases@bmjgroup.com
To: brahmanaaskandar@gmail.com

COVID-19: A message from BMJ: https://authors.bmj.com/policies/covid-19

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bcr-2021-243594.R4 - Successful Management of a Pregnant Woman with COVID-19 and Multiple Severe Complications

Dear Dr Tjokroprawiro:

We are pleased to accept your article for publication in BMJ Case Reports.

Your article will now be sent for copyediting and typesetting. We will email you a proof to check via our online tool usually within 10-15 days of acceptance; please check your junk mail folder.

The proof is your opportunity to check for typesetting errors and the completeness and accuracy of the text; including author names and affiliations, tables and figures; including legends, numerical, mathematical, or other scientific expressions. We ask that you only make minor corrections at this stage. Please provide any comments within 48 hours. There will be no further opportunities to make corrections prior to publication.

See https://authors.bmj.com/after-submitting/accepted/ for more information about what to expect once your article has been accepted.

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If your article is selected for press release by BMJ’s Press Office you will be informed as soon as possible.

If you have any queries, please contact the Editorial Office at bmjcases@bmj.com.

Kind regards,
Miss Seema Biswas
Editor in Chief, BMJ Case Reports

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Reviewer(s)' Comments to Author (if any):