



Letter to the Editor

Reply letter to: “Comments on manuscript: Laparoscopic treatment of cornual heterotopic pregnancy: A retrospective cohort study”

ARTICLE INFO

Keywords:

Laparoscopy
Pregnancy
Heterotopic
Cornual
Cornuostomy

Dear Respectable Editor,

First of all, we would like to thank the authors of the letter for their critical comments on our paper and for posing many interesting questions. In this reply letter, we shall attempt to answer to all these questions.

Regarding interstitial pregnancy, we have previously published a related article [1] and we strongly agree with the differential diagnosis of interstitial pregnancy as mentioned in the letter.

In our article “Laparoscopic treatment of cornual heterotopic pregnancy: A retrospective cohort study”, we mainly discussed cornual heterotopic pregnancy (CHP) which is a rare type of heterotopic pregnancy. With the presence of intrauterine pregnancy, the diagnostic value of beta-human chorionic gonadotropin (β -hCG) for ectopic pregnancy is reduced. Whether the ultrasonic criteria in diagnosing interstitial pregnancy is applicable to CHP remains to be determined.

In the differential diagnosis of interstitial pregnancy, we placed more emphasis on the morphological changes in the uterus caused by ectopic pregnancy lesions.

We thank the “International Journal of Surgery” for giving us the opportunity to communicate. This encourages us to do more deep and extensive research.

Provenance and peer review

Not Commissioned, internally reviewed.

Data statement

This reply letter did not perform data collection and analysis.

Ethical approval

Ethics approval was waived as the source data is anonymized.

Sources of funding

The Key Research and Development Program of Zhejiang Province (2017C03022).

Author contribution

Writing: Wenzhi Xu, Songying Zhang.

Conflicts of interest

The authors have no relevant financial relationships to disclose.

Research registration number

Researchregistry3400.
<https://www.researchregistry.com/browse-the-registry#home/registrationdetails/5a2d42c73f786d576fee037d/>

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Reference

- [1] J. Wang, D. Huang, X. Lin, S.H. Saravelos, J. Chen, X. Zhang, T. Li, S. Zhang, Incidence of interstitial pregnancy after in vitro fertilization/embryo transfer and the outcome of a consecutive series of 38 cases managed by laparoscopic cornuostomy or cornual repair, *J. Minim. Invasive Gynecol.* 23 (5) (2016) 739–747 <https://doi.org/10.1016/j.jmig.2016.02.022>.

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