



Letters to the Editor – Brief Communications

Reply to: Introduction of a dedicated team increases the success rate of external cephalic version: A prospective cohort study

Dear editor,

We have read with great interest the article by Thissen et al. [1]. The authors address the important issue of external cephalic version (ECV) addressed from a prospective point of view with evaluation of a dedicated ECV team, revealing a significant increase in the success rate of ECV after the introduction of such tea. The report is indeed enlightening. Yet, we would like to emphasize some issues which require further clarification.

First, the author state that only two studies have focused on the effect ECV performance by a small group of practitioners. By this, the authors neglect a large study evaluating a single operator experience of 6 years addressing modifiable predictors of ECV success [2,3].

Second, the author state that it is the largest study on this topic to date, with a long-term follow-up. It is worth mentioning the largest study by Melo et al. reporting 18 years of experience with over 2600 ECV attempts [4].

Bothering indeed, is the current study finding that tocolysis was a contributing factor to a lower success rate of ECV. The authors try to ease this finding by relating to the relatively high rate of multiparous women at this group. This in fact, is against all studies reporting the influence of Betastimulants tocolysis on ECV success rates [5]. The authors hypothesis should be again reevaluated as a logistic regression including parity was performed, reaching this conclusion.

This interesting topic of ECV warrants special attention with further delineation of modifiable factors that might increase ECV success rate. We encourage future studies in order to better characterize factors associated with ECV success rate as well as prospective randomized trials

Disclosure of interests

none

Contribution to authorship

All authors participated and contributed to data collecting, literature review and editing the report.

Details of ethics approval

N/A

Funding

None

Acknowledgement

none

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Received 4 April 2019

<http://dx.doi.org/10.1016/j.ejogrb.2019.04.017>

Enoxaparin (or plus aspirin) for the prevention of recurrent miscarriage: a meta-analysis of randomized controlled studies

Sir,

The meta-analysis published by Lin et al. entitled 'Enoxaparin (or plus aspirin) for the prevention of recurrent miscarriage: a meta-analysis of randomized controlled studies' [1] in the December 2018 issue raises a number of points which require further consideration.

The authors identified three randomized controlled trials (RCTs) which were said to be of high quality and included in the meta-analysis. The pooled analysis, however, was based on two trials. The results of the third trial [2] were excluded. The explanation stated, 'Among the three RCTs, two studies have reported live births' [1]. However, the study by Clark et al. [2]