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The maximal uterine wall thickness in the prediction of preterm labor



Ultrasound is powerful and easily available in the routine clinical practice, especially for those pregnant women based on absence of radiation exposure [1,2]. The purpose of ultrasound not only provides an accurate diagnosis but also successfully predicts the pregnancy outcome [1,3]. In the September issue of the *Taiwanese Journal of Obstetrics and Gynecology*, we read Dr. Kim's article entitled "Uterine wall thickness at the second trimester can predict subsequent preterm delivery in pregnancies with adenomyosis" with interest [4]. The authors found that adenomyosis women with preterm labor had a significantly thicker uterine wall during the second trimester of pregnancy than adenomyosis women without preterm labor did [4]. In addition, adenomyosis women with preterm labor had relatively constant uterine wall thickness (significantly less change of the uterine wall thickness between the first and the second trimester of pregnancy) than the adenomyosis women without preterm labor did [4]. We are happy to learn these valuable findings to improve our clinical knowledge in dealing with the similar pregnant women in the future. However, we have interest to know much information of the current study and hope that the authors could provide them to clarify our confusion.

First, in the table 2 of their article [4], the authors provided the data of cervical length in the second trimester of pregnancy. The data showed that women with preterm labor seemed to have a shorter cervical length than women without did, although it did not reach the statistically significant difference. We would be happy to know whether the authors had data of cervical length in the first trimester in the current study. If the authors had these data, was there any change of cervical length from the first trimester to the second trimester? If the authors did not have these data, could the authors explain why they did not want to measure cervical length in the first trimester? The similar question is raised. Did the authors have the data of these women in the third trimester?

Second, did the authors try to measure lower segment uterine wall of these studied subjects? If the authors did, could the authors kindly provide it?

Third, we are wondering how the authors measured the maximal thickness of the uterine wall, although the authors had introduced their method. In fact, the authors had tried their best to exclude the potential bias, such as pre-existing medical illness, multiple pregnancy, uterine fibroids, focal lesion less than 2 cm and so on, we still wonder to know is there any correlation between the location of maximal thickness uterine wall and the occurrence of preterm labor. Adenomyosis-related preterm is multi-factorial [5], as shown by authors, preeclampsia occurred in more than

one third of women with preterm labor and by contrast, less than 10% in women without preterm labor. Since the decision to deliver the baby might be significantly biased by the preeclampsia status, if the authors exclude women with preeclampsia ($n = 5$ in preterm labor group, and $n = 4$ in term labor group), did the results change?

Finally, we should claim that the authors indeed did a great job and hope our comment could further verify their findings.

Conflicts of interest

The authors declare that they have no conflicts of interest related to the subject matter or materials discussed in this article.

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