

Comments on Manuscript: Intrauterine Inflated Foley's Catheter Balloon in the Management of Abnormally Invasive Placenta Previa: A Case–Control Study

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Dear Editor

I read with great interest the article authored by Dr. Thabet et al. [1] about the use of intrauterine Foley's catheter in the management of abnormally invasive placenta previa published in your esteemed journal. In my opinion, this paper adds more information to the literature on this important topic. However, I have some concerns regard the study methods that need clarification for proper evaluation of their results.

The authors inserted the Foley's catheter balloon after bilateral uterine artery ligation and multiple hemostatic sutures in the placental bed [1]. Those measures were reported to be highly effective in controlling the placental-site bleeding in the literature [2]. Therefore, I wonder what is the value of Foley's catheter balloon tamponade after carrying them out. They should compare the effect of Foley's balloon tamponade immediately after pharmacological methods failure versus other surgical methods.

The authors mentioned that there were four nulliparous women with invasive placenta previa. However, they did not provide an explanation to this strange finding as scarred uterus is the most common risk factor for invasive placenta

previa [3]. Additionally, they reported no statistical significant difference in the rate of cesarean hysterectomy despite the fact that the percentage of cases in the study group was 7.5 versus 21.1% in the control group [1].

The authors did not mention the definition that used for estimation of the duration of surgery. Could they explain how the difference between both groups was only 11 min with no statistical significance, in spite of more extensive additional procedures that were performed in the control group as internal iliac artery ligation in 47.4% of cases, cesarean hysterectomy in 21.1% of cases and repair of urological injuries in 23.7% of cases?

Thabet et al. did not provide any report on sample size calculation. Additionally, the authors mentioned that numerical data were compared with Mann–Whitney *U* test, and this means that the data were abnormally distributed. Therefore, the numerical data should be presented in the results as median (interquartile range) not as mean \pm standard deviation.

The authors did not mention the follow-up schedule of their patients in the methods. No reports on the occurrence of secondary postpartum hemorrhage, postpartum pyrexia and slippage or rupture of the catheter balloon. Additionally, they mentioned that the presence of 11 cases had surgical-site infections without referral to the time of occurrence, method of its diagnosis and the regimen of antibiotics used postoperatively.

Finally, the authors claim that their study was the first one that described the use of intrauterine Foley's catheter balloon in the management of abnormally invasive

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placenta previa. However, we published a previous article about the use of Foley's catheter balloon tamponade in major placenta previa during cesarean section [4]. The success rate of Foley's catheter was 88.2% (15 out of 17 cases).

Compliance with Ethical Standards

Conflict of interest The author declares there is no conflict of interest.

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