

CORRECTION

July 2012 (vol. 207, no. 1, page 14)

Timor-Tritsch IE, Monteagudo A. Unforeseen consequences of the increasing rate of cesarean deliveries: early placenta accreta and cesarean scar pregnancy. A review. *Am J Obstet Gynecol* 2012;207:14-29.

The authors of a Review published in July 2012 have created a [Table](#) (below) reflecting their reconsideration of 41 of the studies cited in that article. A Letter to the Editors suggesting such rethinking and a Reply from the authors explaining their thoughts in preparing the new table appear in this issue of the Journal.

See related articles, pages 379 and 380

TABLE

Reassessing comments on 41 studies cited in a Review article in the Journal^a

Original No. citation no.	Author	Year	Systemic MTX as 1st line treatment		No. of cases which MTX was not the 1st line treatment	Description of the cases, doses of MTX when reported. Second or third line of treatment. Reason for inclusion or exclusion.
			No. of successful cases	No. of unsuccessful cases needing secondary treatment		
1 42	Maymon	2004	1			Case #7; IM MTX (?mg)—successful
2 51	Ficicioglu	2009		1		IM MTX 75 mg; 7 days later second dose of IM MTX; 2 wks later laparotomy and resection.
3 53	Bignardi	2010		2		Case #1: IM MTX 1 mg/kg; required second dose of IM MTX; persistent defect repaired laparoscopically. Case #2: IM MTX 1 mg/kg; required 2 additional doses of IM MTX; transrectal US guided aspiration. ^a Case #1 considered complication based upon our inclusion criteria.
4 54	De Vaate	2010		1	3	IM MTX 50 mg; 3 wks later sac still seen; laparotomy and resection 2 mos later. In 3 cases, systemic MTX was not the only 1st line treatment.
5 60	Sadeghi	2010		1	3	Case #1 IM MTX 1 mg/kg. On day 7 hCG quadrupled, hysterectomy done. Case #2 and #3 IM MTX was combined with local injection of MTX. Case #4 IM MTX was not the only 1st line treatment.
6 70	Mitchener	2009	5	2		Case #1 IM MTX 1 mg/kg; laparoscopic excision. Case #2 IM MTX 1 mg/kg; local MTX injection; uterine artery embolization.
7 72	Tan	2005			2	None of the cases were treated with systemic MTX as the only 1st line treatment.
8 77	Seow	2004	1	1		Case #1: Successful IM MTX treatment. Case #2: IM MTX considered by us as unsuccessful, since it has persistent mass for 10 mos.
9 81	Yin	2009	4	4	34	Article translated from Chinese by us. 4 cases: IM MTX successful IM MTX treatment. 4 cases: IM MTX; all required curettage. 34 cases: were not treated by IM MTX as the 1st line treatment.

Timor-Tritsch. Correction. *Am J Obstet Gynecol* 2014.

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TABLE

Reassessing comments on 41 studies cited in a Review article in the Journal^a (continued)

Original No.	citation no.	Author	Year	Systemic MTX as 1st line treatment		No. of cases which MTX was not the 1st line treatment	Description of the cases, doses of MTX when reported. Second or third line of treatment. Reason for inclusion or exclusion.
				No. of successful cases	No. of unsuccessful cases needing secondary treatment		
10	82	Marchiole	2004		1		IM MTX 100 mg; required a curettage and uterine artery embolization.
11	96	Holland	2008	1			IM MTX 50 mg/m ² successful.
12	98	Hasegawa	2005			1	IM MTX was not the only 1st line treatment.
13	107	Deans	2010		2		Case #1: IM MTX (?mg); hysteroscopic excision. Case #2: IM MTX (?mg); local MTX (?mg) injection.
14	120	Wang	2009			21 ^a	^a In these 21 cases a single 100 mg MTX was administered intravenously. Even though we regard an IV administration as a form of systemic use, we excluded these from this revised statistics. In fact, 14 of the 21 cases had an excess bleeding over 200 mL (our inclusion criteria for complications) and 2 had hysterectomy. Only 7 cases were successful.
15	126	Little	2010		1		IM MTX (?mg); vaginal bleeding; uterine artery embolization.
16	128	Lam	2004		2		Case #1: IM MTX 1 mg/kg; persistent FH; laparoscopic excision. Case #2: IM MTX 1 mg/kg; vaginal bleeding; hysterectomy.
17	134	Dieh	2008		1		IM MTX 50 mg/m ² ; at 9-10 wks transabdominal local MTX injection.
18	144	Hois	2008		1		IM MTX 77 mg; mild vaginal bleeding; uterine artery embolization.
19	207	Muraj	2009		3		Case #1: IM MTX 50 mg/m ² ; 2 additional doses (... "a single dose was not sufficient and multiple doses were required"); hCG increased; local MTX injection. Case #2: IM MTX 50 mg/m ² ; additional second MTX needed. Case #3: IM MTX 50 mg/m ² ; additional second IM MTX needed 7 days later ("It took 11 weeks for the hCG to drop"). Case #2 and #3 were considered by us as complications by our inclusion criteria.
20	212	Hwu	2005		1	1	Case #1: Four doses IM MTX 1 mg/kg in alternating days; required US guided curettage. Case #2: IM MTX was not the only 1st line treatment.
21	213	McKenna	2008		1	1	Case #1: IM MTX 2 injections of 50 mg 2 days apart; sustained FH beats; local MTX injection. Case #2: IM MTX was not the only 1st line treatment.

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