Letter to the Editor: Comment on “Contemporary epidemiology and novel predictors of uterine rupture: a nationwide population-based study”

Gustavo Vilchez¹

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Dear editors,

I would like to thank Dr. Accordino and colleagues for their letter and interest in our study on contemporary epidemiology and novel predictors of uterine rupture [1]. I was pleased to read that Dr. Accordino and colleagues were able to identify the importance of the manuscript, as well as its implications on clinical practice. In spite of several changes in clinical practice along the years, as well as efforts by several organizations to decrease cesarean rates and its related morbidity; uterine rupture is still a threat [2], and previously unidentified risk factors are currently playing an important role. Therefore, it is paramount to make all the efforts and update the knowledge in this specific condition [3, 4]; particularly, after several changes that perinatal practice have undergone along the years.

A secondary purpose of their letter was to provide further information regarding the case of a patient with no apparent risk factors for uterine rupture who decided, after extensive counseling, to undergo trial of labor after cesarean delivery; in a practice with a high vaginal birth after cesarean success rate (80%), and a low uterine rupture rate (0.4%). Favorably, physicians were able to identify this complication promptly by ultrasonographic assessment; and therefore, prevent devastating complications in this patient.

I agree with the comments of Dr. Accordino and colleagues regarding uterine rupture. Being one of the most threatening complications in obstetrics, studies attempting to identify significant risks factors and ways to improve its prevention are warranted.

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Compliance with ethical standards

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✉ Gustavo Vilchez
vilchezlagosg@umkc.edu

¹ Department of Obstetrics and Gynecology, University of Missouri-Kansas City School of Medicine, 2310 Holmes St. STE 713, Kansas City, MO 64108, USA