

Dear Editor,

We would like to submit the enclosed manuscript entitled “The management of caesarean scar pregnancy with or without a combination of methods prior to hysteroscopy: ovarian reserve trends and patient outcomes”, which we wish to be considered for publication in your highly esteemed The Journal of BJOG.

It is generally accepted that the incidence of CSP has increased substantially in China over recent years, coincident with the creation of the two-child policy and the development of better ultrasound diagnosis. The mechanisms underlying CSP remain unclear and no universal guidelines have been recommended for the treatment of this disease. Dilation and curettage (D&C), Operative hysteroscopy, the systemic administration of methotrexate (MTX) or uterine artery embolization (UAE) are common treatment. In order to identify the best therapeutic option for CSP patients, we retrospectively analyzed the clinical data of 276 CSP patients that received treatment in our institution. Our aim was to compare the clinical outcomes, and ovarian reserve, of patients receiving three therapeutic strategies: UAE combined with hysteroscopy; systemic MTX combined with hysteroscopy, and hysteroscopy alone.

I attest that all bylined authors fulfill all conditions as follow: 1) substantial contributions to (a) the concept and design, or analysis and interpretation of data and (b) the author's having drafted the manuscript or revised it critically for important intellectual content; and 2) final approval by each author of the version of the manuscript being submitted. In addition, all individuals who contributed to the work are listed as authors.

The authors declare that there are no conflicts of interest.

The articles, which were written by corresponding author and have been published in recent years, are listed as follows.

Thanks very much for your attention and consideration to our paper.

Sincerely,

Jiangfeng Pan and Mingjun Shao

PUBLICATIONS (peer reviewed):

1. Shao MJ, Hu M, He YQ, Xu XJ. AMH trend after laparoscopic cystectomy and ovarian suturing in patients with endometriomas. Arch Gynecol Obstet. 2016; 293(5):1049-52.
2. Shao MJ, Hu MX, Xu XJ, Zhang L, Hu M*. Management of caesarean scar pregnancies using an intrauterine or abdominal approach based on the myometrial thickness between the gestational mass and the bladder wall. Gynecol Obstet Invest. 2013; 76(3):151-7. * Corresponding Author
3. Shao MJ, Hu M, Hu MX. Conservative management of cesarean scar pregnancy by local injection of ethanol under hysteroscopic guidance. Int J Gynaecol Obstet. 2013; 121(3):281-2.
4. Shao MJ, Hu MX, Hu M*. Temporary bilateral uterine artery occlusion combined with vasopressin in control of hemorrhage during laparoscopic management of cesarean scar pregnancies. J Minim Invasive Gynecol. 2013; 20(2):205-8. * Corresponding Author