



## Correspondence

## Response to the comments of Dr Shigeki Matsubara



Dear Editor,

The authors celebrate the interest of an expert in this field. In relation to the first point in the surgical technique of our article, we decannulate the umbilical vein after the extraction of the fetus, so that there would be no fetal complications due to sclerosis. By contrast, the extension of sclerosed maternal vessels with the polidocanol dose we used has not been quantified. We agree that the vessel sclerosis extent may differ individually, which demands a training period.

In the second point, the surgical technique is directed to those patients with the diagnosis of placenta percreta; since, of course, in placentas with focal accretism or in patients who do not have placental invasion and only placenta previa, this surgical technique is not indicated because it could favor a massive hemorrhage secondary to the total or focal detachment of the same placenta. This wise observation makes it mandatory to confirm the type of placenta accreta (incretta or percreta) [1,2].

In the third point, maternal death secondary to consumption coagulopathy, as discussed in the article, was associated primarily with the patient presenting hypovolemic shock in a vasodilatory phase. In addition, the patient had the following risk factors: multi-gravida, two previous cesareans, and being older than 30 years.

Finally, when commenting that if sclerotherapy or ligation of hypogastric arteries reduces bleeding, Malagón et al [3] explained that when ligating the hypogastric arteries, the blood flow can be reduced by up to 30%, confirming that hypogastric artery ligation is a very successful procedure for reducing blood loss, as described in international articles [4]. Other techniques to sclerose the utero-placental bed have been tested [5], aimed at the production of ischemia and sclerosis of the uteroplacental bed (after the baby has been extracted), which is the aim of the technique.

In conclusion, the technique we propose includes sclerosis with polidocanol associated with the ligation of the hypogastric arteries in all patients, performing an arciform hysterectomy. The principal results of this technique are its simplicity and the fact that we can

avoid a second intervention as practiced with other options [6]. We are attentive to possible complications of the polidocanol administration that we have not detected until now and would be delighted to show *in vivo* this simple technique to anyone interested in contrasting our results, or just in learning about this effort to save a mother's life.

## Conflicts of interest

The author has no conflicts of interest relevant to this article.

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