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REPLY



TO THE EDITORS: I thank Drs Zhan, Jackson, and Turrentine and the American Congress of Obstetricians and Gynecologists for their prompt and thorough response¹ to my Viewpoint in *AJOG* entitled “Management of premature rupture of membranes at term: the need to correct a recurring mistake in articles, chapters, and recommendations of professional organizations.”² With the letter of Drs Zhan, Jackson, and Turrentine, ACOG has shown a serious commitment to women’s health by recognizing an error in their Practice Bulletin, and has taken steps to amend the Practice Bulletin about the management of women with premature rupture of membranes (PROM) at term. This will inform the ACOG membership, allow the correct data to be shared with patients, and improve counseling of those patients presenting with PROM at term, which affects approximately 10% of pregnant women. I hope that ACOG and other professional

organizations can work with biomedical journals to rectify and prevent errors in the future.

Dr Brian Mercer’s account of how this error occurred is clear and transparent.³ I agree with Dr. Mercer that the errata to Table 1, published in a separate issue of the original journal (*New England Journal of Medicine*) several months later, may have made it difficult to identify the mistake. I also agree that biomedical journals and professional organizations should strive to correct errors and to publish corrected versions in the era of electronic publishing. Publishers could link the errata with the original article so that physicians and other health care professionals, as well as patients, would have access to the correct information.

Journals have a responsibility to promote an open dialogue for medicine and science to be self-correcting. I am grateful to the Editors-in-Chief of the *American Journal of Obstetrics & Gynecology* for allowing me the opportunity to publish the Viewpoint that made possible the correction of an error that could have misinformed patients and obstetric providers. ■

Eyal Krispin, MD
Department of Obstetrics and Gynecology
Helen Schneider Hospital for Women
Rabin Medical Center
39 Jabotinski St.
Petah Tikva, Israel 49100
Sackler Faculty of Medicine
Tel Aviv University
Tel Aviv, Israel
eyalkrispin@gmail.com

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Effective evidence-based medicine: considering factors not included in research studies



TO THE EDITORS: Rouzi et al¹ recently published a cross-sectional study showing a direct correlation between the severities of mutilation and subsequent sexual dysfunction. The horrific practice of female genital mutilation/cutting has been carried out for thousands of years in different societies.

I would be interested to know whether certain physiological or cultural aspects were taken into consideration during this research. According to the applied survey, a lower score increased the suspicion of sexual dysfunction.¹ A score of zero (0) was obtained when a participant replied “no sexual activity”/“did not

attempt intercourse,” and fewer points were awarded for painful or less pleasurable sex. Why was intercourse not attempted?

Of note, type III female genital mutilation/cutting was 1 of the 2 major subcategories of participants studied. These women also tended to be older and less educated and with more children.¹ There is no separate category for uninterested females suffering from loss of libido secondary to burdens of sustaining a household, fatigue, illness, postpartum injury, or feelings of low self-image.

Some Sudanese follow the tradition of forced, cruel, and polygamous marriage.² Was the husband significantly older