Reply: Search for a predictive relationship between ultrasound thickness of the lower uterine segment and rupture of the uterus in women with a prior cesarean does not make biological sense

We would like to thank Drs Ragusa and Svelato for their comments regarding our recent article titled “Evaluation of the usefulness of ultrasound measurement of the lower uterine segment before delivery of women with a prior cesarean: a randomized trial.”

We are happy to have the opportunity to stress the need for another randomized controlled trial (RCT). Drs Ragusa and Svelato state that further studies on the subject are “totally useless, because the strength of a muscle tissue is proportional to its thickness, but this is not necessarily true of a fibrous tissue, which can break despite its thickness.” Their comment, however, is simply an assertion made without evidence. More precisely, they cite a study from 1924 as evidence of the presence of fibrous tissue but seem to think that “(that the strength of a muscle tissue is proportional to its thickness) is not necessarily true of a fibrous tissue” is affirmative evidence that further studies are useless. We respectfully disagree.

A high level of evidence is difficult to obtain in clinical research. According to the US Preventive Services Task Force, only properly powered and conducted RCTs ensure the highest level of evidence. Unfortunately, our RCT was underpowered, which did not allow for a formal conclusion. Identifying the women who have had a previous cesarean delivery and who are at a real risk for uterine rupture remains, as Drs Ragusa and Svelato agree, an important aim in obstetrical care, and a definitive conclusion on the usefulness of ultrasound or the lack thereof, for predicting this risk would be helpful for physicians and their patients. Certainly, the concern of all the authors (and their reviewers and editors) who have considered this topic cannot be brushed aside as being devoid of “biological, and consequently, clinical sense.”

Finally, even if our trial was positive, another trial would be necessary to confirm our results. As the US Federal Food, Drug, and Cosmetic Act, which provides the legal standard in the United States for establishing the efficacy necessary for drug approval by the US Food and Drug Administration, wisely states, “Substantial evidence” is based on positive findings from 2 or more adequate and well-controlled trials.

We definitely need more RCTs in clinical research.

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REFERENCES

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Broad-spectrum antibiotics in pregnancy: role of inflammation in neonatal outcomes

TO THE EDITORS: We read the article titled “Outcomes associated with antibiotic administration for isolated maternal fever in labor” by Bank et al with great interest. They have investigated the role of antibiotic therapy on maternal and fetal outcomes in pregnancies associated with fever but “without evidence of infection.” According to their results, postpartum...