**Correções**

**Editor comentário 1 “**deverão ser removidas as abreviaturas do resumo/abstract”

**Resposta:** foram removidas todas as abreviaturas do abstract/resumo.

**Editor comentário 2 “**a referência 2 parece incorporar duas obras distintas... isso terá  
impacto na numeração das referências no corpo do manuscrito?”

**Resposta:** Tem razão, são duas referências diferentes. Foi um lapso. Coloquei a segunda referência mais em baixo na lista bibliográfica.

**Editor comentário 3 “**as imagens submetidas não se apresentam em conformidade com as Normas de Publicação da Acta Médica Portuguesa...”

**Resposta:** alterei e anexei as imagens de acordo com as normas de publicação da AMP.

**Revisor A comentário 1**

**- Resumo: “**Resumo: deve particularizar melhor o achado ecográfico”

**Resposta: “**Na ecografia visualizava-se uma massa heterogénea, próxima da região ístmica, com 25x24x23 mm e sem vascularização, pelo que não foi excluída a possibilidade de placenta acreta.”

**- Introdução:** “ Introdução: deve mencionar mais claramente o objectivo da publicação. A sua relevância é inequívoca”

**Resposta:** Redefini o objectivo como proposto, reforcei a importância do reconhecimento desta entidade como benigna, tendo como um dos objetivos principais a evicção de tratamentos mais agressivos e a possibilidade de preservação da fertilidade, principalmente em mulheres mais jovens. – “Due to its macroscopic appearance of a gross exophytic mass resembling placental tissue with extrauterine extentions, it is often misdiagnosed clinically and pathologically. The recognition of this condition as benign will prevent radical hysterectomy and preserve fertility in young female patients. In this report, we describe cotyledonoid dissecting leiomyoma as an incidental finding of the study of menorrhagia and abdominal pain after a delivery by cesarean section.”

**- Apresentação do caso: “**Apresentação do caso: Na descrição do acto operatório, deveria constar histerectomia, salpingectomia bilateral e tumorectomia do ovário direito (remoção de massa cinzenta com 5 mm). Não faz sentido escrever conservação dos anexos, pois as trompas são excisadas – quando muito conservação dos ovários, mas se estes não foram excisados é uma  
redundância.”

**Resposta:** Tem toda a razão. Alterei a descrição cirúrgica “After discussion with the patient, we performed a total abdominal hysterectomy, bilateral salpingectomy and tumorectomy of the right ovary (a small grey mass with 5 mm). “

**- Resultados: “**Resultados: Há referência a uma curetagem hemostática realizada no puerpério imediato, cujo estudo histológico deveria ser referido nos resultados.”

**Resposta:** Acrescentei nos resultados a histologia da curetagem hemostática: “The first histological results after the hemostatic curettage showed an intrauterine retention of placental remains with extensive coagulative necrosis.”

**- Discussão:** “Discussão: Na discussão deveria haver referência a particularidades  
histológicas de outros casos publicados (presença de adenomiose, crescimento intravascular, diferenciação adiposa em 3 publicações sobre o tema), assim como uma análise e reflexão acerca da necessidade de equacionar esta patologia perante um caso clínico com estas características; se isso não acontecer, o tratamento cirúrgico é dirigido à forte suspeita de se tratar de uma patologia maligna e não há lugar para a preservação da fertilidade destas mulheres, muitas vezes jovens (há um caso descrito na literatura de parto após tratamento cirúrgico conservador de um mioma dissecante).”

**Resposta:** fiz uma pesquisa bibliográfica mais exaustiva, assim como sugerido.

“A number of variants of CDL have been reported, including cotyledonoid leiomyoma that lacks a detectable intramural component and dissecting leiomyoma that lacks an extrauterine component9. Also, the interpretation of vascular involvement in CDL is controversial. Intravenous leiomyomatosis is characterized by a macroscopically visible vascular lesion or the presence of intravenous proliferations of benign-appearing smooth muscle outside the confines of a leiomyoma4. This particularity wasn’t present in our case.

Other interesting fact is that several reports alluded to CDL with non-neoplastic cyst lesions, such as adenomyosis8, adenoleiomyomatous component8, limited foci of endometriosis10 and endosalpingiosis11. This cases suggest that CDL might have a unique clinical presentation involving parts of benign non-neoplastic cystic lesions.

The most common treatment for this type of tumor to date has been hysterectomy, influenced by its macroscopic appearance. Roth et al4, Saeki et al7 and Kim et al12 reported cases where myomectomy with resection of the extrauterine tumor was performed. One of that women7, a year after the surgery, became pregnant naturally. The tumor didn’t recur during the pregnancy and she underwent a cesarean delivery at 37 weeks.

In our case, the lesion macroscopically looked like a placenta accreta, the first suggested diagnosis and the patient didn’t want to preserve fertility, so total abdominal hysterectomy, bilateral salpingectomy and tumorectomy of the right ovary was the treatment. Nonetheless, because CDL is fundamentally a benign tumor, it is possible to keep surgery to a minimum without hysterectomy. This type of lesions should be taken the frozen section examination to aid the decision about the type of surgery and therefore avoid overtreatment and preserve fertility in younger women. (…)

In summary, CDL is a rare variant of benign leiomyoma, with a bizarre gross appearance that resembles malignant tumors. Differential diagnosis might be problematic without microscopic evaluation. Its important to recognize that this tumor is a benign and unusual appearing variant of leiomyoma to prevent aggressive surgery. This case presentation adds to the literature by documenting the first CDL presenting after delivery, as a differential diagnosis of placenta accreta.”

Obrigada pela atenção disponibilizada para o caso e pelos comentários realizados.

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**Revisor B comment 1: “** This a concisely writen and well structured report of an unusual variant of uterine leyomioma. The main interest of this case relies on the occurrence after delivery, prompting a diagnosis of placenta accreta. Only minor corrections are suggested:

Page 3, 3rd paragraph: should read "extrauterine"

Page3, 7th paragraph: should read "...strong positivity for smooth muscle..."

**Answer:** thank you very much for the suggestions. I made all the corrections proposed.

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**Revisor C comment 1** “I have some minor reviews. 1) Introduction - The Introduction is weak. The authors should give more information about this type of myoma as incidence, risk factors, treatment options and follow up”.

**Answer:** The CDL is a rare form of leiomyoma. To the best of our knowledge, there are less then 50 report cases in English literature. I think that because of this we weren’t able to find and exact incidence. In terms of the other topics (risck factors, treatment options and follow up) I completed the Introduction and Discussion as suggested.

“Leiomyomas are the most common benign tumors of the female genital tract. Roth et al 2, in 1996, defined an unusual type of myoma as “cotyledonoid dissecting myoma”. To the best of our knowledge, approximately 43 cases of this rare variant have been reported in the English language literature7. There are no risk factors known. Due to its macroscopic appearance of a gross exophytic mass resembling placental tissue with extrauterine extentions, it is often misdiagnosed clinically and pathologically. The recognition of this condition as benign will prevent radical hysterectomy and preserve fertility in young female patients. In this report, we describe cotyledonoid dissecting leiomyoma as an incidental finding of the study of menorrhagia and abdominal pain after a delivery by cesarean section. This case represents the first one reported presenting after a pregnancy. “

**Revisor C comment 2 –** “2) Case report: The authors should report if all placenta was removed by the analysis of cotyledones. Was uterine cavity assessed in the postpartum period? Were drugs to control of hemorrhage as oxytocin or methylergonovine used?”

**Answer:** “The placenta appeared to be complete by analyzing the cotyledons. (…) During the admission, we used oxytocin and misoprostol to control the hemorrhage. As they were insufficient, we performed a hemostatic curettage to rule out the possibility of retained placenta/membranes.”

**Revisor C comment 3:”Figure legends**: Figure 1. Add “computed tomography”; Figure 2. Add “ultrasound”; Figure 3. Add “Macroscopy”; Figure 4. Add “Microscopy”

**Answer:** thank you very much for the suggestions. I made all the corrections proposed.