

Reviewer A

Comment 1: Check the manuscript for readability and English language

Reply 1: Thank you for emphasizing this deficiency for us, We have made corresponding modifications and improvements to the paper to optimize its content expression, sentence smoothness, and vocabulary richness. At the same time, we also have rechecked the accuracy and rigor of the English language, avoiding the occurrence of ambiguity and incorrect information.

Changes in the text: We have made corresponding modifications and improvements in the paragraph of Abstract, Keywords, Highlight Box, Introduction, Case presentation, Discussion, Conclusion.

Comment 2: Information in the abstract is not to be found in the general text. Such as the purpose/aim of the study.

Reply 2: Thank you for pointing out this problem, we have added the aim of study in Abstract section (see Page 1, line 31-32)

Changes in the text: This case is unique in terms of listing all cases of pessary impaction and cancers related to pessary, thus providing sufficient scientific basis on this topic.

Comment 3: The second sentence of the introduction starts at line 74 and ends at line 80. It is recommended to split the sentence in at least three sentences for readability.

Reply 3: Thank you for your careful review, we have modified our text as advised (see Page 3, line 72-78).

Changes in the text: The vaginal pessary is a device that supports the uterine and vaginal walls and keeps them in the vagina, which can restore the pelvic organs to their anatomical position. It is a simple, economical, safe and effective conservative treatment for symptomatic POP. The conservative therapy is used especially in the case of elderly frail women, medical complications that hinder surgery, women with fertility requirements or during pregnancy, patients unwilling to undergo surgery, those seeking symptom relief while awaiting surgery and POP patients with stress urinary incontinence

Introduction

Comment 4: Line 87: Only the cube pessary creates a suction effect. The other space-filling pessaries are simply larger than the vaginal cavity during rest, and therefore will stay in place.

Reply 4: It is our negligence to make mistakes in the definition of space-filling pessaries, we are lucky to get reviews' criticism and correction, we have revised it according to the helpful comment from the reviewer (see Page 4, line 82-85) .

Changes in the text: The space-filling pessary is generally larger in volume and is the first choice when the supporting pessary is not effective. The removal of this type of pessary is more difficult than that of ring pessary, and it is necessary to remove the pessary in the vaginal intercourse.

Comment 5: The introduction is very concise. More detail about POP (what symptoms occur most often?), pessary treatment (why does the pessary need to be removed/replaced; how often is recommended?) is recommended. Moreover, the relevance of this case report is missing.

Reply 5: Thank you for pointing out this problem, we have divided the introduction into three parts according to your journal's requirements, including Background, Rationale and knowledge gap and Objective. Moreover, we have added more detail about POP in introduction paragraph (see Page 3-4, line 67-104).

Changes in the text:

1.1 Background

POP is defined as pelvic organ displacement and decline caused by the defect or relaxation of pelvic floor supporting tissue, which has become one of the global public health problems affecting women's health and quality of life [1]. There are generally no symptoms in the early stage of POP, patients will have varying degrees of lumbosacral discomfort, vaginal irregular bleeding, urination disorders, sexual dysfunction, vulva infection, etc. in the middle and late stages. The vaginal pessary is a device that supports the uterine and vaginal walls and keeps them in the vagina, which can restore the pelvic organs to their anatomical position. It is a simple, economical, safe and effective conservative treatment for symptomatic POP. The conservative therapy is used especially in the case of elderly frail women, medical complications that hinder surgery, women with fertility requirements or during pregnancy, patients unwilling to undergo surgery, those seeking symptom relief while awaiting surgery and POP patients with stress urinary incontinence [2]. There are two types of pessaries: support type and space-filling type at present [3]. Supporting pessary is placed in the posterior vaginal fornix to prevent POP by supporting the pubic bone or pelvic floor and are currently the most widely used type in clinical practice. Ring pessary is the most commonly used supporting pessary due to its easy removal and replacement without

affecting sexual life, and is commonly used for mild to moderate uterine prolapse. The space-filling pessary is generally larger in volume and is the first choice when the supporting pessary is not effective. The removal of this type of pessary is more difficult than that of ring pessary, and it is necessary to remove the pessary in the vaginal intercourse. A Gellhorn is a commonly used space-filling pessary for moderate to severe uterine prolapse or vaginal anterior and posterior wall prolapse [4].

1.2 Rationale and knowledge gap

The most common complications of wearing a pessary are unpleasant odor, vaginal discharge, bleeding, pain, and constipation. If POP patients are willing and able to remove, clean and replace the pessary themselves, complications can be effectively avoided. Pessaries rarely cause serious adverse effects of urethra, rectum and reproductive system, such as urinary retention, pessary impaction, urogenital fistula, malignant tumor, etc[5]. The occurrence of these rare complications is almost entirely related to long-term wearing and improper care. At present, there is no uniform standard for the follow-up and management of pessaries after wearing, which is largely based on the opinions of experts and the specific situation of patients. However, the importance of regular assessment must be stressed to all wearers, even if they feel comfortable or asymptomatic while wearing the pessary. At the beginning of wearing the pessary, patient satisfaction should be assessed after 1 to 2 weeks of wearing the pessary, and follow-up should be conducted every 3 months for the first year of wearing the pessary and every 6 months thereafter.

1.3 Objective

The aim of this study was to report three rare cases of neglected pessaries developing impaction, cervical intraepithelial neoplasm (CIN) and endometrial cancer finally and to summarize incarcerated vaginal pessaries and malignant tumors of the genital tract caused by neglected pessaries in order to emphasize the importance of use and care of vaginal pessary.

Case presentations

Comment 6: Line 108: Could the authors explain what they mean with ‘shadow’ in a CT scan?

Reply 6: The meaning of "shadow" in line 108, case 1 section, is unclear and confusing. We are sorry for such mistakes and thank you for your patience and kind, we have changed ‘shadow’ to ‘image’ (see Page 5, line 117-120).

Changes in the text: A computed tomography (CT) scan showed a ring-like low-density image in the vagina, standing up and down, spreads the left and right-side walls of the vagina, and the width of the middle of the vaginal cavity is about 6cm with the bladder and rectum are not invaded

Comment 7: Line 127: ‘Twenty days ago’ is meaningless. The authors mean ‘twenty days prior to examination’?

Reply 7: We have modified our text as advised (see Page 5,line 132-135)

Changes in the text: Before coming to our hospital, she was admitted to another institution for vulvar pruritus, the tubaeform vaginal pessary had been removed and the cervical cytology indicated atypical squamous cells of unknown significance (ASC-US), further cervical biopsy showed that grade II-III cervical intraepithelial neoplasia (CIN II-III).

Comment 8: Line 138: The same holds for ‘till now’.

Reply 8: We are very grateful and agree with you. We have deleted ‘till now’ and this sentence has been modified (see Page 5,line 142-144).

Changes in the text: Vaginal ultrasound and cervical cancer screening showed no significant abnormalities during the six-month follow-up period.

Comment 9: Line 137: Could the authors explain briefly what was examined during follow-up?

Reply 9:

Changes in the text: Vaginal ultrasound and cervical cancer screening showed no significant abnormalities during the six-month follow-up period (see Page 5,line 142-144).

Comment 10: Line 148 Could the authors explain how pessary neglection could have caused calf intermuscular vein thrombosis? Moreover, in the discussion (Line 235), the authors mention ‘endometrial cancer’.

Reply 10: (1) I'm sorry for the misunderstanding caused by our language expression. Pessary neglection could not cause calf intermuscular vein thrombosis, which just happened to be discovered during the preoperative examination.

(2) We have changed “caused by” to “associated with” (see Page 7,line 233).

Changes in the text:

(2) Though it is not clear whether the endometrial cancer was associated with the neglected pessary, we should highlight the importance of close follow-up and periodic assessment for patients with vaginal pessaries to prevent aforementioned adverse events. All patients need to undergo cervical cancer prevention screening and endometrial ultrasound examination before placing vaginal pessary to exclude cervical and endometrial lesions. Vaginal ulcers and vaginitis should be treated before wearing a pessary (see Page 7-8,line 233-237).

Comment 11: Line 152: Could the authors explain how much time was between the initial treatment plan and surgery?

Were there no past-interventions or relevant historical information?

Reply 11: In response to this problem, we have reviewed the patient's data and made corresponding explanation (see Page 5-6, line 154-156) .

Changes in the text: There is no surgical contraindication after consultation by vascular surgeon. She received low molecular weight heparin (LMWH) anticoagulant therapy for three days and stopped medication 24 hours before surgery

Discussion

Comment 12: It is recommended to add at least the first and second paragraph to the introduction. Line 197: This paragraph contains the literature review. Could the authors explain their searching strategy? Moreover, could the author explain the general aim of the literature review (which is only found in the abstract)?

Reply 12: (1) We have divided the introduction into three parts according to your journal's requirements, including Background, Rationale and knowledge gap and Objective (see Page 3-4, line 67-104, same as comment 4).

(2) We have added our searching strategy as advised (see Page 7, line 198-201). Moreover, we have also explained the general aim of the literature review in Introduction (see Page 4, line 100-104).

Changes in the text:

We searched the PubMed and GeenMedical databases using the keywords “pessary,”

“incarceration,” “neglected,” “impaction,” “entrapment,” and “case”, and found 20 case reports including 23 cases of incarcerated pessary in the English literature between 1977 and 2021 (see Page 7, line 198-201).

The aim of this study was to report three rare cases of neglected pessaries developing impaction, cervical intraepithelial neoplasm (CIN) and endometrial cancer finally and to summarize incarcerated vaginal pessaries and malignant tumors of the genital tract caused by neglected pessaries, in order to emphasize the importance of use and care of vaginal pessary.

Reviewer B

Comment 13: Include the number of consultation visits for follow-up of pessary patients

Reply 13: We have added the content in the section of Discussion as advised (see Page 7, line 196-197).

Changes in the text: Like the three pessary patients in our article, none of them had regular follow-up after wearing the pessary and adherence to treatment by health professionals.

Comment 14: Mention whether these women have adherence to treatment by health professionals.

Reply 14: We have added the content in the section of Discussion as advised (see Page 7, line 196-197).

Changes in the text: Like the three pessary patients in our article, none of them had regular follow-up after wearing the pessary and adherence to treatment by health professionals.

Comment 15: Were any of the women who experienced adverse effects using medication, and does it have an influence?

Reply 15: We have added the content in the section of Discussion as advised (see Page 7, line 197-198).

Changes in the text: They came to our hospital with adverse events of pain, itching and bleeding respectively due to neglected pessary