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Comment on 'A novel technique in the management of severe postpartum uterine atony bleeding: Three vertical uterine compression sutures'

Sir,

We read with great interest the article entitled 'A novel technique in the management of severe postpartum uterine atony bleeding: three vertical uterine compression sutures' by Ozdemir et al. [1]. They developed a novel technique for uterine compression suturing for severe diffuse atonic bleeding where three sutures are positioned vertically side-by-side. The authors have rectified the problem of the ballooned middle portion of the uterus that occurs using the Hayman technique with two vertical sutures [2].

To the best of our knowledge, this article provides new information and is the first to draw attention to the lower utero-vaginal anastomotic system in postpartum haemorrhage due to uterine atony. The utero-vaginal anostomotic system may be the reason why bleeding does not stop in all cases with other suturing techniques.

Hayman suturing consists of two vertical sutures and may not be sufficient to stop bleeding in a severely enlarged atonic uterus. However, the use of a third vertical suture (i.e. Ozdemir technique) provides compression for bleeding from a severely enlarged atonic uterus. We believe fewer hysterectomies will be needed in cases of severe atonia using this new technique. Performing laparotomy and using triple vertical Ozdemir suturing instead of hysterectomy is an important surgical treatment option for obstetricians, especially in young pregnant women or in cases with abruptio placenta leading to fetal death.

B-Lynch [3] and Hayman techniques, the most popular vertical compression sutures, have some drawbacks, such as uterine ischaemia, although the incidence is low [4]. The Ozdemir technique is promising, but we have two concerns. First, when compared with the Hayman technique, the Ozdemir technique uses three sutures and may potentially be associated with the risk of ischaemia. Second, Ozdemir triple suturing, like B-Lynch and Hayman suturing, is a vertical suture technique. We wonder if the lateral vertical sutures can slide out. How should the tension of the sutures be adjusted?

Any effort, idea or method designed for postpartum haemorrhage and found to be effective should be added to the obstetrician's options for surgical treatment of this global problem; as such, we commend Ozdemir et al. for their work. Compression suture techniques, such as B-Lynch suturing, which was an innovative technique, and other suture techniques such as Hayman and Ozdemir suturing, represent important alternatives to hysterectomy for postpartum haemorrhage due to severe uterine atony. Further studies and discussions are needed on the prevention of possible long-term complications of compression sutures.

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Declaration of Competing Interest

None declared.

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Diagnosis of genital tuberculosis on menstrual blood during infertility explorations

Dear Editor,

We report a case of genital tuberculosis (TB) in a 29 -year-old Malagasi woman, diagnosed on culture of the menstrual blood. She was referred in the fertility center, department of gynecology, for infertility for 3 years. She neither had past medical, surgical history nor history of recent diseases in her family. She reported regular menstrual cycle and no previous pregnancy.

The initial baseline investigations were normal. Hyfosy (Hystérosalpingo-Foam-Sonography) showed major polypoid endometrial enlargement and tubal bilateral proximal obstruction. The exploration by hysteroscopy found an unusual aspect of white

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