Dear Editor,

I would like to thank Dr. Wang and their colleagues for their interest and comments on the publication evaluating the correlation between lower uterine wall thickness (LUWT) and cervical length (CL) during pregnancy. I totally agree with the comment about the trend of the use of transvaginal ultrasonography in pregnant population and preterm labor management. Regarding the inquiry about the positive and negative predictive value which are important performance indicators of a diagnostic test, I’m sorry to inform you that we did not present these data in the publication. The major purpose of this study was to study the correlation between CL and LUWT, which we have no knowledge before. The number of the cases that delivered prematurely in the study was too small to calculate those performance indicators. Our original idea was to conduct another study about the performance of LUWT in prediction of preterm birth once we found the significant correlation between LUWT and CL. We are glad that we have finished that study already and the unpublished results showed promising data. We found that LUWT at 4.5 mm was associated with a 2.37-fold increased risk of preterm labor (p = 0.037). Sensitivity, specificity, positive predictive value, and negative predictive value were 14, 92.8, 22.5, and 88%, respectively.

The other inquiry about the cut-off point of LUWT, we found that the mean LUWT in short cervix group was 4.4 mm, which was close to the 10th percentile value of LUWT during 16 to 20 weeks (4.16 mm) of gestation. However, we could not draw a conclusion that 4.4 mm could be used as a cut-off value as this was beyond the objective of this study.

REFERENCES