


Reply

Reply to Comment on Qiao Li, *et al.* “Risk Factors and Severity Indicators of Female Pelvic Organ Prolapse: Insights From a Comprehensive Retrospective Study With a Large Sample Size”Qiao Li^{1,2}, Xiaoyu Niu^{1,2}, Yueyue Chen^{1,2}, Can Luo^{1,2}, Yueting Zhang^{1,2}, Jian Meng^{1,2}, Dongmei Wei^{1,2,*}¹Department of Gynecology and Obstetrics, West China Second Hospital, Sichuan University, 610041 Chengdu, Sichuan, China²Key Laboratory of Birth Defects and Related Diseases of Women and Children (Sichuan University), Ministry of Education, 610041 Chengdu, Sichuan, China*Correspondence: weidongmei@scu.edu.cn (Dongmei Wei)

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We would like to thank the reader for taking the time to read our article “Risk Factors and Severity Indicators of Female Pelvic Organ Prolapse: Insights from a Comprehensive Retrospective Study with a Large Sample Size” and for sharing your detailed thoughts and concerns [1]. We truly appreciate your engagement with our research [2].

Regarding your suggestion on re-categorizing the stages of vaginal wall prolapse, our decision to compare Stage I prolapse with Stages II, III, and IV was based on the fact that our primary objective was to distinguish between mild (Stage I) and more clinically significant cases (Stages II–IV). This approach allowed us to effectively identify the key risk factors associated with the progression from a less severe to a more severe condition. We understand the alternative categorization you proposed, but we believe that our current method serves our research question well and provides meaningful insights.

Concerning the statistical analyses, while we acknowledge the potential risks associated with multiple regression models containing a large number of variables, our study design included several safeguards. We carefully pre-selected variables based on prior literature and clinical knowledge, which helps to mitigate the risk of Type I errors. Regarding the reporting of effect sizes, our focus in this manuscript was on establishing significant associations, and we believe that the *p*-values presented clearly demonstrate the statistical significance of our findings. In addition, our multivariable logistic regression analysis did account for potential confounding factors such as age and parity in exploring the relationship between vaginal delivery and prolapse. As for the family history finding, although the number of positive cases was relatively low, the statistical significance (*p* = 0.002) still indicates a notable association that warrants further investigation in future studies.

We value your perspective and believe that such discussions are essential for the advancement of research in this field. We hope that our explanations clarify the rationale behind our methodology and interpretation of results.

Author Contributions

QL, XN, YC, CL, YZ, JM and DMW contributed to the drafting and critical revision of the reply. All authors read and approved the final version and agree to be accountable for all aspects of the work.

Ethics Approval and Consent to Participate

Not applicable.

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Conflict of Interest

The authors declare no conflict of interest.

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