Dear Professor Janesh Gupta, MSc, MD, FRCOG

 Editor-in-Chief

 European Journal of Obstetrics & Gynecology and Reproductive Biology (EJOG)

 Revision note: Ms. No. EJOGRB-17-16919, "Characteristics and severity of preeclampsia compared between young and elderly gravidas with hypertensive disease"

1. Percentages be reduced to two significant figures.
	1. ***All percentages were reduces as requested***
2. Could you spell out or avoid altogether non standard abbreviations.  e.g YMA could either be spelled out or often be replaced by the single word young
	1. ***Non standard abbreviations were spelled out***
3. The methodology is not clear concerning recruitment. In fact in the study period (5yrs) the authors did select all singletons AMA with preeclampsia or they just choose 46? And the 92 YMA choosed on a 2:1 basis what were the criteria for their selection? Although the authors controlled for previous hypertension since 30% of the AMA population had this disease I think they should be removed for the studied population. Also it is not clear how many had severe preeclampsia before AND after delivery since this must have occurred as seen by women who have had HELLP syndrome before delivery and were considered with severe preeclampsia post partum
	1. ***We collected data on all women who fulfilled the inclusion criteria during the study period. 46 Primiparous women 45 years and older were found. The control group included 2 primiparous women 18-35yo diagnosed with preeclampsia for each women in the study group who delivered during the same dates***
	2. ***Since the number of women in the study group is small due to the rarity of this population we prefer not to remove patients with chronic hypertension and super imposed preeclampsia. More over the only major difference between the groups in our study was in the occurrence of preeclampsia in the post partum period and since this was not previously described to be associated with superimposed preeclampsia and indeed in our multivariate analysis was not associated with post partum PET we do not find an indication to remove this group of women***
	3. ***Pre-partum severe preeclampsia in our study was: 69.6% among young women and 60.9% among AMA women. HELLP syndrome was: 16.3% among young women and 13% among AMA women as depicted at table 2. Severe hypertensive disease and presentation or exacerbation of preeclampsia at the post-partum period in our study was defined as deterioration of any parameter of preeclampsia. In our center women with postpartum severe hypertension are suspected to have severe preeclampsia even without proteinuria due to high rate of false positive in urine collection after delivery, and suspected to have HELLP syndrome when having hypertension with elevated liver enzymes and/or low platelets,*** ***without waiting for full presentation of the disease. Therefore, we chose to relate to exacerbation of hypertensive disease in general and not to severe preeclampsia or HELLP syndrome specifically as depicted at table 1. This was updated in materials and methods section.***
4. The discussion is somewhat confuse since the simple objective stated in Introduction (to evaluate the severity and characteristics of preeclampsia in AMA and YMA) changed to a comparison between prepartum vs post partum preeclampsia. I suggest the authors should be focused in the objective proposed in the introduction
	1. ***We have made changes to the discussion and updated the objective of the study it is now more clear. Our objective was to compare the severity of preeclampsia as well as the timing of the disease***
5. there are several spelling orthographic mistakes
	1. ***The manuscript was reedited for spelling and grammar***
6. Many grammatical errors, the paper needs evaluation by someone fluent in written English
	1. ***The manuscript was edited by and professional English editor***
7. This is a retrospective, small case control study
	1. ***This was changed in the methods section***
8. The authors have added some new information about the pattern and behavior of preeclampsia in elderly and young nulligravidas. This should help in counselling women.
9. The AMA is defined as >40 years and young as < 35 years. Why has the age group 35-40 excluded. It will be good to include women in age group between 35-40 years as a third group.
	1. ***We aimed to compare the severity and timing of preeclampsia in older women in their first pregnancy compared to young women with preeclampsia. To achieve this goal we must have major disparity between the groups women at 35-40 yo are considered by some as elderly gravidas and by other as young to avoid any dispute regarding this differences we analyzed the data of the age groups that are definitely young and defiantly old***
10. Please look at the comments in the PDF text also:
	1. ***Corrections were made as requested in the new file attached. (At the body of the text, as well as at the graphs and tables).***

- At the “Results” part:

***- Following the principle of logistic regression, all parameters found in the univariate analysis with P<0.1 were inserted into the logistic regression. Two universal parameters: maternal age and GA were added as well. Only parameters found with p<0.05 in the logistic regression were considered significant in the multivariate analysis. Changes were made at the paragraph and hopefully it is clearer now.***

- At the “Discussion” part:

***- We didn't find a specific “anaesthesia chart” for this issue. however, the relevant references were added.***

***- The paragraph about new onset post-partum preeclampsia, is trying to give a possible explanation for our finding, that exacerbation of hypertensive disease after the delivery is more frequent among women with AMA. It is possible that hypertensive disease after delivery (such as new onset post-partum PET and postpartum exacerbation of hypertensive disease) has different mechanism than pre-partum PET. As we revealed in our study, there was no difference in the characteristics and severity of pre-partum PET between the groups. (זה ברור?)***

***- The sentence “Other studies that evaluated the characteristics of preeclampsia compared AMA women to the general population of YMA" was changed and the relevant reference was added. We hope now it is clear.***

* 1. ***Corrections were made to the order of the references.***