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Journal Name:	Journal of Advances in Medicine and Medical Research
Manuscript Number:	Ms_JAMMR_46539
Title of the Manuscript:	Comparison of the success rates of vaginal sonography and hysteroscopy in diagnosis of intrauterine pathologies in infertile women
Type of the Article	

General guideline for Peer Review process:

This journal's peer review policy states that <u>NO</u> manuscript should be rejected only on the basis of '<u>lack of Novelty'</u>, provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline)

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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Compulsory REVISION comments	The theme dealt here is important. I have some advice. 1. Abstract: comparison of A vs. B in the factors of X, Y and Z (polyp, hyperplas myoma) should be better written as follows.	
	 For X, Y, and Z, A showed the sensitivity of x,y, and z, respectively, and spectively. For them, B showed the sensitivity of x,y, and z, reand specificity of x', y', and z', respectively. Or, you can further shorten the orpresent one is redundant. The same is true in the text. Edit them. You demonstrated "three" disorders in this study, polyp, hyperplasia, and myou state, the gold standard of endpoint here is the pathology and thus, utering congenital anomaly cannot be included in this study population. I mean that y studies three conditions BUT you mentioned "uterine congenital anomaly" ver frequently. Readers may be greatly confused in this paper structure. Delete a statement as to uterine congenital anomaly because you did NOT study it. Rait as the study limitation. "We here only focused these three disorders but confused uterine anomaly is another very important cause of infertility that requires ultral hysteroscopic diagnosis. Since in this study we employed pathological diagnosid standard for endpoint, we did not show sensitivity/specificity of these two for congenital uterine anomaly, which was the study limitation." (this is an example of the sensitivity of these two for congenital uterine anomaly, which was the study limitation." (this is an example of the sensitivity of the s	espectively, ne. The oma. In target. As ne Incomposition of the composition of the compo
	3. Simply comparing sensitivity/specificity of ultrasound vs. hysteroscopy has less Because: 1) you already know the ultrasound data and thus you employed hysteroscopy: one DOES know the lesion before doing hysteroscopy, 2) hysteroscopy: one poets and pathology, thus with these being completely different as modalities. You touched the latter meaning in the text but I strongly recompound you should state these two definitely as study limitations. This is like comparing enema vs. colo-fiberscope. This is like comparing laparoscopic examination of vs. ultrasound examination of it. Definitely state this. You compared things of nature/characteristics. Hysteroscopy is complementary to ultrasound. Reference does not adhere to the paper writing rules. Copy and Paste PubMed at that edit it according to the journal regulation. Do not write it by your self, looking a	teroscopy Int meaning Immend that Ing barium Ing barium Ing the PCO Indifferent Ing barium Ing bari
	reference itself.	
Minor REVISION comments		

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Optional/General comments	

<u>PART 2:</u>

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Are there ethical issues in this manuscript?	(If yes, Kindly please write down the ethical issues here in details)	

Reviewer Details:

Name:	Shigeki Matsubara
Department, University & Country	Jichi Medical University, Japan

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