SDI Review Form 1.6

Journal Name:	Asian Research Journal of Gynaecology and Obstetrics
Manuscript Number:	**Ms_ARJGO_49991**
Title of the Manuscript:	**Intra-operative detection of asymptomatic perforated Copper T- A case report**
Type of the Article	**Case report**

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty'**, 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	Abstract: - The abstract is too long and needs to be shortened (almost half of the total length of the paper) Introduction: - The introduction is scanty and needs to be supplemented with more information - The authors may add information on the percentages of symptomatic and asymptomatic perforations - Also a small note on the dangers of perforation maybe added with relevance to the context - The existing introduction is mostly a repetition of the introduction, please avoid repetitions Case Report - Please consider mentioning the reason for which the patient sought MTP - Consent obtained from relatives – which relative ? - Please mention post operative management in terms of antibiotics / prophylaxis of anaerobic infections spreading into the peritoneal cavity - Follow-up of the patient doe or not, and if done, when and how Discrepancy - Minilap – the pictures show a larger incision that is not consistent with a minilap incision - The authors have mentioned the displaced device to be CuT 375, but the device in the picture appears to be a multiload device - Line 85 mentions that the CuT was inserted 6 weeks ago ? this is not mentioned in the history (if she had a CuT insertion 6 weeks ago please mention the details of the same) Discussion - Please discuss why the Cu-T was not removed with laparoscopy and what was the need for doing a laparotomy / minilaparotomy - MoHFW, Government of _____ - Line 77 to 81 – Please compare the pros and cons of leaving the IUCD in the peritoneal cavity in light of MoHFW guidelines and other studies References: - Please mention recent references related to this topic **CONSENT** - **Please mention if the patient's consent was obtained or not for publication of this case report**	Abstract has been shortened wherever possible. Introduction has been modified as advised. Patient thought it was a contraceptive failure as according to her it was expelled and she didn't bother to report to hospital. She didn't want to continue the pregnancy for the same reason.. Rest has been edited in case report as advised. Cut 375 brand name is multiload as far as my knowledge. CuT was inserted more than 6 weeks ago i.e, 2 years back. Necessary changes made. Thinking of possibility of adhesions and surgeons expertise, minilarotomy was done
Minor REVISION comments	Discussion - Line 64 – IUD (Please maintain consistency in abbreviation use)	
Optional/General comments	The authors may kindly refer to the CARE guidelines (https://www.care-statement.org/) for publication of case reports to make your paper more robust and scientifically apt. The checklist is freely available on the link mentioned above	