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)

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	I have some advice. 1. Abstract has some "undefined" abbreviation: IUCD (Is this IUD?) and MTP. CuT375 vs. CuT: Are these the same? 2. Abstract case description is almost identical to that of Case report. Please shorten the description of this part in Abstract. 3. I guess that MTP means medical termination of pregnancy (dilatation and curettage). However, I have never heard of this abbreviation of MTP. Did you check things via PubMed? Please use standard terminology. 4. Why did you not remove IUD through laparoscopy (not with laparotomy)? 5. What is IUCD? If you mean intrauterine device, it is abbreviated as IUD. Actually, you use TWO words, IUCD and IUD. 6. You emphasized that, "no fibrosis around the site was the reason why you chose removal"; then, what is the possible future complication? Are such complications associated with NO FIBROSIS? This is the core of this story. Please definitely describe the reason why you (looking at NO fibrosis) considered that removal is better than no-touch. 7. English should be revised.	IUD has been changed uniformly everywhere as advised. MTP has also been changed to full form. Keeping in mind of possible adhesions and surgeons expertise, IUD was removed by minilaprotomy. If scar tissue has already formed around IUD, which occurs usually after 6 weeks of perforation, it is unlikely to migrate further or cause further complications like bowel perforation or intestinal obstruction…and removing it could lead to pelvic abscess. The same has been highlighted.
Minor REVISION comments		
Optional/General comments		