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# **SDI FINAL EVALUATION FORM 1.1**

### PART 1:

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 Article:	Case report	

### PART 2:

FINAL EVALUATOR'S comments on revised paper (if any)	Authors' response to final evaluator's comments
To authors,	
Line 79 and 81: You still use IUCD.	
Line 92; delete "but". We never use "although,,but". Please look at my edition	
of Abstract.	
I edited Abstract for you because this may become "endless" revision-	
demand and item-by-item corection. You can easily understand the reason	
why I edited the one as such.	
My edition:	
Context: Uterine perforation is a rare yet important complication of	
intrauterine device (IUD). Whereas many experts recommend removal of	
perforated IUD irrespective of symptomatic or not, no-touch is recommended	
when IUD is outside the uterus and IUD is surrouned and embeded in the	
fibrotic tissues: attemting its removal may cause bleeding. Thus,	
asymptomatic perforation poses a management dilemma.	
Case report: We report a patient with asymptomatic perforated IUD (copper	
T) incidentally detected intraoperatively, which we removed under mini-	
laparotomy. A 32-year-old pregnant woman (Gravida 5 Para 4) presented to	
us for Medical Termination of Pregnancy and laproscopic tubal ligation.	
Vaginal examination revealed uterus of 10 week-size and bilateral fornices	
were free and non tender. Transvaginal ultrasound revealed a single live	
intrauterine embryo of 10 week-size. Laparoscopy revealed that the left	
cornu of the uterus was petorated, from which IUD thread was observed: no	
thick fibrosis was observed around the site. Thus, we decided to remove IUD	
through minilaprotomy: we held the thread and removed the IUD slowly, with	
no bleeding. Postoperative period was uneventful.	
<b>Conclusion</b> : In this case, considering no fibrosis around the perforated site,	
leaving this IUD potentially may cause future complications, and thus, we	
decided to remove it. No conclusion can be made from this single case, we	
believe that this case may provide information to decide whether perforated	
IUD, which was incidentally found, should be removed or not.	

## **Reviewer Details:**

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