

## Review Form 1.6

Journal Name:	<a href="#">Journal of Pharmaceutical Research International</a>
Manuscript Number:	Ms_JPRI_83911
Title of the Manuscript:	Updates in diagnosis and management of ectopic pregnancy
Type of the Article	

### 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:

(<https://www.journaljpri.com/index.php/JPRI/editorial-policy>)

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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)
<b>Compulsory</b> REVISION comments	<p>Ectopic pregnancy (ep) occurs when the conceptus becomes embedded and matures beyond the endometrial cavity, resulting in the foetus' mortality. Ep can become a lifethreatening issue if it is not diagnosed and treated promptly. So, this problem is very serious and the topic of the article is actual.</p> <p>First trimester bleeding and abdominal pain are the most prevalent signs of an unruptured ectopic pregnancy. Methotrexate, a folic acid antagonist, has been investigated extensively in the medical field. Ectopic pregnancy is a wellknown pregnancy complication that, if not detected and treated promptly, can result in a high risk of morbidity and fatality.</p>	Okay
<b>Minor</b> REVISION comments	<p>Pelvic seditious illness, Chlamydia trachomatis infection, smoking, tubal surgery, induced conception cycle, and endometriosis are the most commonly mentioned risk factors. Its prevalence has progressively increased over the last 40 years, along with rising rates of sexually transmitted diseases (STDs) and salpingitis (irritation of the Fallopian tubes). Around 15% of patients who arrive with infertility have unexplained infertility. But there is a lack of consensus among infertility specialists on the diagnostic tests should be conducted, their predictive value, and normalcy standards.</p> <p>Ectopic pregnancy is still a major cause of maternal morbidity and mortality around the world. Chlamydia trachomatis has been associated to 30–50% of all ectopic pregnancies. Physical inspection should be used to detect peritoneal signs, such as rebound tenderness and cervical motion tenderness, which designate the possibility of hemoperitoneum. Abdominal pain with peritoneal signs in a pregnant patient would prompt an immediate estimation by a gynecologist to determine the need for alternative surgery.</p> <p>Transvaginal ultrasound imaging is pivotal in diagnosing supposed ectopic pregnancy. Serial exams with transvaginal imaging, serum hCG level capacities, or both are necessary to confirm the diagnosis.</p> <p>Administration of intramuscular methotrexate or presentation of laparoscopic surgery is safe and effective behavior modalities in hemodynamically stable women with a non-ruptured ectopic pregnancy. Patients with relatively low hCG levels would benefit from the single-dose methotrexate protocol. Patients with advanced hCG levels may necessitate two-dose regimens.</p> <p>Surgical management is authoritative in the clinical scenario of a ruptured ectopic pregnancy.</p> <p>Patients with a relatively low beta hCG level will likely have a better prediction regarding treatment success with single-dose methotrexate. During treatment, physicians should inspect patients at least weekly and sometimes daily.</p>	Noted

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Optional/General comments	<p>The article «Updates in diagnosis and management of ectopic pregnancy» is rather interesting. The topic is actual nowadays. The number of references are enough. Authors analyze the results of other research, do not indicate their own experience of such studies. Such information is not available at all in this article. I wish the authors success in their future research.</p> <p>Authors have declared that no competing interests exist.</p>	
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PART 2:

	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?	<u>(If yes, Kindly please write down the ethical issues here in details)</u>	