

Review Form 3

Journal Name:	Asian Research Journal of Gynaecology and Obstetrics
Manuscript Number:	Ms_ARJGO_131445
Title of the Manuscript:	Prevalence and outcomes of Myomectomy in a tertiary hospital in Southern Nigeria: A five-year review.
Type of the Article	Original Research Article

PART 1: Comments

	<b>Reviewer’s comment</b> <b>Artificial Intelligence (AI) generated or assisted review comments are strictly prohibited during peer review.</b>	<b>Author’s Feedback</b> <i>(Please correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</i>
<b>Please write a few sentences regarding the importance of this manuscript for the scientific community. A minimum of 3-4 sentences may be required for this part.</b>	In the wider context of the available medical literature, the present manuscript is of no particular novelty, nor does it add meaningfully from a strictly surgical standpoint. Myomectomy is a very well-described and known procedure, with more traditional laparotomy being abandoned in favor of minimally invasive techniques. However, it is particularly relevant from a healthcare perspective, offering insights into the availability and quality of provided services within the tertiary centre in question, thus providing useful data.	
<b>Is the title of the article suitable? (If not please suggest an alternative title)</b>	I find no major issues with the title as is, no revisions necessary.	
<b>Is the abstract of the article comprehensive? Do you suggest the addition (or deletion) of some points in this section? Please write your suggestions here.</b>	1. The abstract should provide more information in the results section, for example average blood loss (not the vague term “the majority of patients”), length of stay and complication rate, in addition to re-hospitalization and/or reoperation rates. 2. Additionally, the conclusion of this section should be revised, since the percentage of myomectomies performed does not reflect the patients with myomas only, but the entirety of gynaecological surgeries performed for all indications. If the authors want to be more accurate, they should analyze all surgeries performed with the indication of uterine fibroids (myomectomy, total/subtotal hysterectomy) and then calculate the percentage of myomectomy.	Noted and have been added. There was no record of re-hospitalization and/or reoperation rates.
<b>Is the manuscript scientifically, correct? Please write here.</b>	I could find no major flaw with the methodology used, however there are several important omissions. For example, the issue of BMI and ASA status is not explored as an important factor determining surgical outcomes. Additionally, size, number and location of fibroids is not explored or assessed.	Thank you for the observation but the authors did not see these as having a significant effect on the outcomes.
<b>Are the references sufficient and recent? If you have suggestions of additional references, please mention them in the review form.</b>	The references are recent, however, I believe not enough to provide insightful discussion. I recommend discussing further the minimally invasive alternatives to abdominal surgery, namely laparoscopy, hysteroscopy and robotics. The following may be of help to the authors, however, I encourage them to seek other or additional literature as well: 1. Giannini A, Cuccu I, D’Auge TG, et al. The great debate: Surgical outcomes of laparoscopic versus laparotomic myomectomy. A meta-analysis to critically evaluate current evidence and look over the horizon. Eur J Obstet Gynecol Reprod Biol. 2024;297:50-58. doi:10.1016/j.ejogrb.2024.03.045 2. Tam T, Juarez L. Effectiveness of a hysteroscopic tissue removal system device for hysteroscopic myomectomy on patients' quality of life: a randomized clinical trial. BMC Womens Health. 2023;23(1):541. Published 2023 Oct 17. doi:10.1186/s12905-023-02707-3 3. Tsakos E, Xydias EM, Ziogas AC, et al. Multi-Port Robotic-Assisted Laparoscopic Myomectomy: A Systematic Review and Meta-Analysis of Comparative Clinical and Fertility Outcomes. J Clin Med. 2023;12(12):4134. Published 2023 Jun 19. doi:10.3390/jcm12124134	Thank you for your observation. The manuscript is about the open abdominal myomectomy and hysterectomy still being routinely done in the centre and not minimally invasive alternatives. The authors did not see any reason to discuss at length what is not done in the study.

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Is the language/English quality of the article suitable for scholarly communications?	Yes, only minor, negligible issues with the language were detected.	
Optional/General comments	<div>1. "uterine fibroids in women under the age of 40 years": this is not the case, as older women with infertility due to uterine fibroids are encouraged to undergo surgery to address this issue; no strict age criteria apply.</div> <div>2. "include hysteroscopy or hystero-salpingography": while I agree with hysteroscopy and biopsy, especially in cases of polyps and/or abnormal bleeding, HSG is not I my experience a prerequisite. In fact, chromotubation can be performed during surgery, which is the gold standard in diagnosing tubal patency.</div> <div>3. Introduction, general comment: this section is disorganized. The authors should begin with epidemiological data, then proceed with clinical manifestations, then discuss treatment options and potential complications, for better flow of information.</div> <div>4. Methods: were any data on number, size and locations of excised myomas collected? These would be important in exploring associations with surgical outcomes.</div> <div>5. Methods: the authors should mention how continuous and categorical variables will be recorded and expressed (eg percentages, mean-median etc).</div> <div>6. Results: age should be expressed as mean and SD as well. Additionally, I miss data on patient BMI, an important baseline parameter that would have helped the authors explore additional associations.</div> <div>7. Hospital stay and blood loss, being continuous variables, should be expressed in mean and SD. Furthermore, are there any data on operative time?</div> <div>8. Discussion: additional data from the literature should be presented to contextualize your findings.</div>	<div>3. Thank you for your observation. The topic is on myomectomy and not the general umbrella of uterine fibroids. That is why the introduction started with myomectomy and not uterine fibroids. This chronological order for uterine fibroids you described, has been done for a related study on uterine fibroids encompassing this and we do not want to duplicate it.</div> <div>4. The data on this were not collected but they are written in operation notes.</div> <div>5. Has been corrected.</div> <div>6. The mean age and SD are already written.</div> <div>7. Corrected. Data on operation time were not collected.</div>

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