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| Journal Name: | [**Asian Journal of Medicine and Health**](https://journalajmah.com/index.php/AJMAH) |
| Manuscript Number: | **Ms\_AJMAH\_131831** |
| Title of the Manuscript:  | **Characteristics of Ureteral Trauma** |
| Type of the Article | **Original Research Article** |

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| PART 1: Comments |
|  | Reviewer’s comment**Artificial Intelligence (AI) generated or assisted review comments are strictly prohibited during peer review.** | Author’s Feedback *(Please correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)* |
| **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.** | **The subject of manuscript is invaluable and seen frequently in the hospital daily work and iatrogenic trauma setting**  |  |
| **Is the title of the article suitable?****(If not please suggest an alternative title)** | **The title is too short and not represent the limited setting, duration, and small sample size. Its better to refer in the title to the location or setting of the study like the hospital, the center, or the city that where the study was performed in.**e.g. Characteristics of ureteral trauma in Hasan Sadikin Hospital |  |
| 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. | **A brief background of the study is absent.****The aim is not so informative, its better to describe it using general terms like: epidemiology, prevalence, etiologies, management.****Methods: better to refer to to setting of study (hospital) and duration of study in the methods not in the results. They should explain the classification of data into iatrogenic and external trauma and illustrate the grouping of collected data in better way.****Results: well structured but should remove the duration of study and move it to the methods.** |  |
| Is the manuscript scientifically, correct? Please write here. | It’s retrospective cross-sectional study, of very limited duration, and small sample size. The research material is old, dating back 13 years. Its better to expand the collected data duration and update them with last ten years in order to enlarge the sample size. No mention of clinical presentation of cases that diagnosed postoperatively or those suffering from external trauma and no evidence of the type of external trauma. Furthermore, no comment about the investigations that aided in the diagnosis of ureteral injury in these sample of cases the discovered postoperatively. No classification of the site of injury whether upper , mid-, or lower ureter in study. As long as 14/15 cases are post-gyn intervention, it should be lower ureteral injury, why not dealt with by reimplantation to urinary bladder which the standard procedure to avoid ischemia of anastomosis site and re-stricture.. The type of injury whether transection or ligation is not mentioned. Limited details about postoperative course and investigations that prove the successs of their intervention and to exclude common late complication of ureteroureterostomy (which is done in most of cases 9/15) such as ureteral stricture especially that most of cases are lower ureteral injury which should be treated by ureteroneocystostomy as standard treatment not by ureterouretrostomy which carries high rate of ureteral stricture postoperatively. No data about instrument using during repair like ureteral stents, tubes, or catheters. They need to newer that as long as most of cases are due to gynecological surgery, that mean the lower ureter is injuries, why most of cases were dealt with by ureteruretrostomy not by ureteroneocystostomy which is the standard technique with much lower risk of ureteral stricture later on.No urological etiologies involved in the study can be explained by limited usage of ureteroscopies at the time of study cases collection between 2011-2012. But nowadays, there is a lot of cases of ureteral injuries due to urreteroscopic intervention. |  |
| **Are the references sufficient and recent? If you have suggestions of additional references, please mention them in the review form.** | Most of References are old, the most recent one was 2012. Two of them 2006, one 2005, one 2001. All the rest are back to 80s and 90s or older. They need to add few recent references from the last 5 years. |  |
| Is the language/English quality of the article suitable for scholarly communications? | Accepted language but there is some non-English terms like nefrektomi instead of nephrectomy. A lot of spelling errors and grammar mistakes. Need to be re-assessed and re-written by proofreaders. |  |
| Optional/General comments | **It’s important subject in urology, the study type is good, need to update data and expand sample size, and add some important parameters of clinical presentation and investigations and follow up results after intervention. More details about intraoperative techniques and stents and suturing. I suggest Updating the references.** No suspected plagiarismNo competing interest issuesNo ethical issues |  |

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

**Reviewer details:**

**Ahmed Mahmood Hussein, University of Kirkuk – College of Medicine, Iraq**