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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 55285

Title: Laparoscopic repair of uterine rupture following successful second vaginal birth after caesarean delivery: A case report

Reviewer's code: 03287044
Position: Peer Reviewer
Academic degree: MD
Professional title: Doctor, Research Scientist
Reviewer's Country/Territory: Italy
Author's Country/Territory: China

Manuscript submission date: 2020-03-18
Reviewer chosen by: Jie Wang
Reviewer accepted review: 2020-03-24 08:35
Reviewer performed review: 2020-04-08 16:29
Review time: 15 Days and 7 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[ ] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

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SPECIFIC COMMENTS TO AUTHORS

I read with great interest the Manuscript titled "Laparoscopic repair of uterine rupture following successful second vaginal birth after cesarean delivery: a case report" (55285), which falls within the aim of World Journal of Clinical Cases. In my honest opinion, the topic is interesting and the reported case novel enough to attract the readers' attention. Nevertheless, the authors should clarify some points and improve the discussion citing relevant and novel key articles about the topic. Authors should consider the following recommendations: - Manuscript should be further revised by a native English speaker. - Does this manuscript conform the The CARE Guidelines: Consensus-based Clinical Case Reporting (CARE), available through Enhancing the QUAlity and Transparency Of health Research (EQUATOR) network guidelines? It would be mandatory to declare about this element. - I could not find any information regarding the informed consent of the patient. Did the authors obtain informed consent from the patients? Conversely, this point may raise serious concern from the ethical point of view. - I would stress the available pieces of evidence for the assessment and management of uterine scar after cesarean section, especially regarding the ultrasound evaluation of low uterine segment before labour, in order to stratify the risk of uterine rupture and other related consequence (authors may refer to: PMID: 29741973; PMID: 31146610). - I suggest adding few lines to stress the role of hysteroscopy to assess the presence of isthmocele and to manage it, and its relation to subsequent risk of uterine rupture during labour (refer to: PMID: 29410381; PMID: 32008214).