

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 65889

Title: Subsequent placenta accreta after previous mifepristone induced abortion: a case report and review of the literature

Reviewer's code: 05466640

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Malaysia

Author's Country/Territory: China

Manuscript submission date: 2021-03-17

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-03-18 03:04

Reviewer performed review: 2021-03-19 08:53

Review time: 1 Day and 5 Hours

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 Grade E: Do not publish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



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SPECIFIC COMMENTS TO AUTHORS

The case is interesting and good to publish. Minor corrections: 1. Final diagnosis "The patient was diagnosed with complete placenta previa in the 33nd week of gestation." Please change to 33rd week of gestation 2. An emergency Caesarean section was performed and the newborn was delivered, with a birth weight of 2500g and an Apgar score of 9-10 at 5-10 minutes. Please change to Apgar score of 9 at 5 minutes and 10 at 10 minutes. 3. A large defect of 5*3cm was noted in the uterine fundus after manual removal of the placenta (Figure 1); consequently, repair of the uterine defect was conducted immediately. Please use 5x3cm Thank you

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 65889

Title: Subsequent placenta accreta after previous mifepristone induced abortion: a case report and review of the literature

Reviewer's code: 03278612

Position: Peer Reviewer

Academic degree: MD

Professional title: Attending Doctor

Reviewer's Country/Territory: United States

Author's Country/Territory: China

Manuscript submission date: 2021-03-17

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-03-18 21:14

Reviewer performed review: 2021-04-15 00:32

Review time: 27 Days and 3 Hours

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



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SPECIFIC COMMENTS TO AUTHORS

Though this single case report may suggest the possible etiologic role of MIA regarding PA, given the absence of another obvious explanation, the collected information to date does not appear to be as compelling as it is to the authors. It is important to not leap to conclusions without sufficient evidence. Reporting of this unusual case in question may be warranted, but the conclusion that MIA can disproportionately lead to PA is not warranted from this case which was presented. Raising the possibility of the association can certainly be mentioned, but claiming there to be an established connection is not. This manuscript should be significantly revised if it is to be considered for publication.