

Review Form 1.7

Journal Name:	Asian Journal of Case Reports in Surgery
Manuscript Number:	Ms_AJCRS_95051
Title of the Manuscript:	RIGHT PARADUODENAL HERNIA Uncommon cause of a common surgical problem A CASE REPORT
Type of the Article	Case study

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.journalajcrs.com/index.php/AJCRS/editorial-policy>)

Review Form 1.7

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)
<p>Compulsory REVISION comments</p> <p>1. Is the manuscript important for scientific community? (Please write few sentences on this manuscript)</p> <p>2. Is the title of the article suitable? (If not please suggest an alternative title)</p> <p>3. Is the abstract of the article comprehensive?</p> <p>4. Are subsections and structure of the manuscript appropriate?</p> <p>5. Do you think the manuscript is scientifically correct?</p> <p>6. Are the references sufficient and recent? If you have suggestion of additional references, please mention in the review form.</p> <p>(Apart from above mentioned 6 points, reviewers are free to provide additional suggestions/comments)</p>	<p>Yes</p> <p>Paraduodenal hernia (Better keep in broad spectrum in title without mentioning rt or left)</p> <p>Yes</p> <p>Yes</p> <p>Yes</p>	
<p>Minor REVISION comments</p> <p>1. Is language/English quality of the article suitable for scholarly communications?</p>	<p>Yes</p>	
<p>Optional/General comments</p>	<p>Good work Recurrent subacute obstruction and conservative improvement is very common in our clinical practices. Paraduodenal hernia is one of obscure identity which is diagnosed after acute presentations. Congenital cause is supervene. In acute intestinal obstruction - emergency exploration with or without segmental resection and obliteration of space of hernia by non absorbed suture is mainstay of treatment. In this case non recordable BP is due to hypovolaemia as fluid sequestration in abdomen. Nonrecordable BP due to septicaemia is veey unusal to recovery in 5th POD with discharge.</p>	

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)
<p>Are there ethical issues in this manuscript?</p>	<p><i>(If yes, Kindly please write down the ethical issues here in details)</i></p>	

Reviewer Details:

Name:	Chishti Tanhar Bakth Choudhury
Department, University & Country	BAAIGM, Bangladesh