

Review Form 1.7

Journal Name:	Asian Journal of Medicine and Health
Manuscript Number:	Ms_AJMAH_107197
Title of the Manuscript:	Perforated Peptic Ulcer-Current Management-Narrative review article.
Type of the Article	Review Article

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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>Yes, suitable.</p> <p>Yes.</p> <p>Yes.</p> <p>Yes.</p> <p>References are sufficient and recent references are also included.</p> <p>Additional references.</p> <p>1) Sarda DK, Garg PK. Study of Incidence of Peptic Ulcer Perforation in Young Adults: A Hospital Based Study. Int Arch BioMed Clin Res. 2018; Vol 4 (1):120 – 23. DOI:10.21276/iabcr.2018.4.1.34.</p> <p>2) Gantz R, Azar R, Starley G. Case Report: Innovative Utilization of Robotic-Assisted Laparoscopy for Repair of Perforated Anterior Duodenal and Posterior Gastric Ulcer at a Hospital with Twenty-Four-Hour da Vinci Xi Capabilities. J Curr Surg. 2022; 12(1): 24 – 28. doi: https://doi.org/10.14740/jcs435.</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>A) In spite of recent advances in the diagnosis and management of peptic ulcer, the rate of perforation is still increasing and has become one of the major health challenges especially in younger individuals. (Additional Reference no. 1, as above).</p> <p>B) Robotic repair of Peptic Ulcer perforation:</p> <p>1) Little data exists regarding the benefits of Robotic repair in emergency cases, including Peptic Ulcer perforations repairs.</p> <p>2) In a case report, (Additional Reference no. 2, as above) two patients – one with anterior duodenal perforation and another patient with a posterior perforated ulcer (very rare, 1.7% of peptic</p>	

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	<p>perforations), were successfully operated, using the da Vinci system.</p> <p>3) As per the article, robotic repair is advantageous due improved operator ergonomics, increased degrees of motion and most importantly the improved visualization of the ulcers during the procedure. The robotic capabilities allowed excellent visualization and repair of the posterior perforation located adjacent to the gastroduodenal artery and avoided an open surgery. It is difficult in laparoscopic surgery to see and repair posterior perforations</p> <p>4) Disadvantages of robotic surgery includes availability of the robotic system & expert surgeon at all times for emergency cases, besides the high costs involved.</p>	
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PART 2:

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

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