

Review Form 3

Journal Name:	Journal of Advances in Medicine and Medical Research
Manuscript Number:	Ms_JAMMR_127842
Title of the Manuscript:	Prevalence of Endometrial Hyperplasia in Cases Admitted with Abnormal Uterine Bleeding (AUB) at Our Hospital
Type of the Article	

PART 1: Comments

	Reviewer's comment	Author's Feedback <i>(Please correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</i>
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.	Very interesting topic Worth publication	
Is the title of the article suitable? (If not please suggest an alternative title)	It looks good	
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.	It is quite comprehensive However, "Our Hospital" What is the name of hospital and which city and which country? In the study design section "Studies indicate" in the clinical implications section, To which studies the authors are referring to? Not clear	
Is the manuscript scientifically, correct? Please write here.	Scientifically correct	
Are the references sufficient and recent? If you have suggestions of additional references, please mention them in the review form.	There are no references cited in the article, especially in the introduction section. The references from number 6 to number 10 are not referenced in the article	
Is the language/English quality of the article suitable for scholarly communications?	Language of good quality.	
Optional/General comments		

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PART 2:

	Reviewer's comment	Author's comment <i>(if agreed with the 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 detail)</i> None	

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