



SDI Review Form 1.6

Journal Name:	Asian Journal of Case Reports in Surgery
Manuscript Number:	Ms_AJCRS_41751
Title of the Manuscript:	Urinary bladder rupture after a long party-night
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:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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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)
Compulsory REVISION comments	The authors reported on a case of urinary bladder rupture after a long party night Spontaneous bladder rupture is a relatively rare case with only few case reports. Abstract Introduction Line 2: present are unclear abdominal pain- Reviewer comment: this sentence need to be re-written for clarity Presentation of case Line 3 and 4; by acute abdomen without any signs of perforation we performed a laparotomy Reviewer comment: this sentence need to be rewritten to convey the intended message Discussion line 3: Alocokol-intaoxicated patients- Reviewer comments: alcohol and intoxicated need to be spelt correctly keywords no keywords have been presented main document introduction line 2: and present are unclear abdominal pain- Reviewer comment: this sentence need to be re-written for clarity Presentation of case line 26 and 27 by acute abdomen without any signs of perforation we performed a laparotomy Reviewer comment: this sentence need to be re-written to convey the intended message Line 29- Intraoperatively a 3x2 cm rupture of the superior wall is seen and closed with sutures- Reviewer comments: authors need to state the type of sutures used for the bladder closure Discussion Line 41- Alocokol-intaoxicated patients are often challenging cases – Reviewer comments: authors to do a spelling check Line 42:- the patient had non- Reviewer comments: authors to replace 'non' with 'no' Line 56- without an traumatic event or known urological diseases like it is presented- Reviewer comments: authors to re-write the sentence so as to convey the intended	Abstract Introduction Line 2: present are unclear abdominal pain- Author comment: sentence rewritten. Presentation of case Line 3 and 4; by acute abdomen without any signs of perforation we performed a laparotomy Author comment: Sentence corrected and highlighted Discussion line 3: Alocokol-intaoxicated patients- Author comments: corrected keywords keywords added main document introduction line 2: sentence need re-written Presentation of case line 26 and 27 by acute abdomen without any signs of perforation we performed a laparotomy Authors comment: sentence corrected Line 29- Intraoperatively a 3x2 cm rupture of the superior wall is seen and closed with sutures- Authors comments: the performed closure technique for bladder closure was added. Discussion Line 41- Alocokol-intaoxicated patients are often challenging cases – Authors comments: corrected Line 42:- the patient had non- Authors comments: corrected Line 56- without an traumatic event or known urological diseases like it is presented- Authors comments: Sentence corrected



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	meaning	
<u>Minor</u> REVISION comments	Main document Presentation of case The authors need to 1. present laboratory data such as the blood urea and creatinine levels. As these may be helpful as pointers when the history is difficult to obtain as occurred in the intoxicated patient. 2. Provide information on the amount of ascitic/ urine drain from the peritoneal cavity or as estimated by the Ultrasonography	1. Data included 2. Data is not available. We apologize for that.
<u>Optional/General</u> comments	Main document Discussion – The authors need to mention other methods of management such as laparoscopic bladder repair and conservative management and state why these were not considered in their case presented.	