



**SDI Review Form 1.6**

Journal Name:	<a href="#">Asian Journal of Case Reports in Surgery</a>
Manuscript Number:	<b>Ms_AJCRS_41857</b>
Title of the Manuscript:	<b>FOREIGN BODY IMPACTED IN THE SUBMASSETRIC REGION-A CASE REPORT</b>
Type of the Article	<b>Case Report</b>

**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>)

**PART 1: Review Comments**

	<b>Reviewer's comment</b>	<b>Author's comment</b> (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)
<b><u>Compulsory</u></b> REVISION comments	<b>There are orthographic errors, the manuscript needs enhancement to really make a scientific contribution. Conclusions must be concrete and no an idea that is referenced from another author.</b>	<b>Thank you for your valuable feedback. The corrections asked are made and highlighted in the manuscript</b>
<b><u>Minor</u></b> REVISION comments		
<b><u>Optional/General</u></b> comments		