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REVIEWER'S REPORT

Manuscript No.: IJAR-57838

Title: Comparative Evaluation of Ovarian Reserve After Laparoscopic Surgery for Endometriotic and Non-Endometriotic Ovarian Cysts.

Recommendation:

Accept as it is .....

Accept after minor revision...

Accept after major revision .....

Do not accept (*Reasons below*) .....

Rating	Excel.	Good	Fair	Poor
Originality		Good		
Techn. Quality		Good		
Clarity		Good		
Significance		Good		

Reviewer's ID: Dr. Sumathi

Detailed Reviewer's Report

1. **Evaluating ovarian reserve measures the quantity of remaining eggs but does not predict natural conception. The primary methods—Anti-Müllerian Hormone (AMH) tests, Antral Follicle Count (AFC) via ultrasound, and Follicle-Stimulating Hormone (FSH)—provide complementary clinical insights.**
2. **Comparative Evaluation of Ovarian Reserve is a clinical assessment that combines hormone blood tests and ultrasound imaging to estimate a patient's remaining egg supply (ovarian reserve) compared to others of the same age. It is primarily used to predict how a patient will respond to fertility treatments, such as in-vitro fertilization (IVF).**
3. **Laparoscopy (often called "keyhole" or minimally invasive surgery) is a surgical technique that allows doctors to view and operate inside the abdomen or pelvis without making large incisions. It is highly favored over traditional open surgery due to smaller scars, less postoperative pain, and a faster recovery.**
4. **Laparoscopic surgery, or "keyhole" surgery, is a minimally invasive technique where doctors perform operations inside the abdomen or**

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pelvis using small incisions (usually 0.5 to 1 cm). It relies on a laparoscope—a thin, lighted tube with a tiny video camera—and specialized surgical tools to operate while viewing the inside of the body on a video monitor.

5. **Endometriosis is a chronic condition where tissue similar to the lining of the uterus (the endometrium) grows outside the uterus, usually on pelvic organs like the ovaries, fallopian tubes, and the outer surface of the uterus. This displaced tissue behaves like the normal uterine lining—it thickens, breaks down, and bleeds with each menstrual cycle. However, because the blood has no way to exit the body, it becomes trapped, leading to inflammation, scarring, and severe pain.**
6. **Non-endometriotic ovarian cysts encompass a broad group of fluid-filled or tissue-filled growths that are unrelated to endometriosis. These cysts range from harmless, routine functional cysts that form during your menstrual cycle to less common, abnormal pathological growths that may require surgical removal.**
7. **A non-endometriotic ovarian cyst is any fluid-filled or tissue-filled sac in or on the ovary that is *not* an endometrioma (a cyst caused by endometriosis). These are very common and can range from harmless, temporary monthly structures to benign growths requiring medical attention.**
8. **Key words must be given.**
9. **Abstract part must be needed.**
10. **Tables are given good. But for values can be made graphs.**
11. **Summary points also be added.**
12. **References are not sufficient. Can be given more with discussion points and also be in alphabetical order.**
13. **Relevant pictures can be given.**
14. **After those changes can be published in your journal.**