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REVIEWER'S REPORT

Manuscript No.: IJAR-59508

Title: Clinical Presentation and Management of Ectopic Pregnancy in Mauritania: A Prospective Two-Center Study

Recommendation:

Accept as it is .....

Accept after minor revision.....

Accept after major revision .....X.....

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

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

Reviewer's ID: JPR-142

Detailed Reviewer's Report

General assessment

The manuscript addresses a clinically important topic: the presentation, diagnosis, management, and outcomes of ectopic pregnancy in two referral hospitals in Nouakchott, Mauritania. The prospective two-center design and reporting of medical treatment, surgery, complications, and maternal mortality are potentially valuable. However, the manuscript requires major revision because important methodological details, treatment denominators, outcome definitions, ethical documentation, and references are incomplete. The recommendation is conditional on verification of the reported findings against the original study records.

Major comments

1. Study rationale and originality: The Introduction provides a general overview but does not clearly establish the specific knowledge gap or explain how this study advances existing evidence from Mauritania or comparable settings. Strengthen the rationale using relevant, verified literature.

2. Patient selection and recruitment: Clarify whether all consecutive eligible patients were included, how cases were identified, whether any eligible patients were excluded, and how missing data were handled. Confirm the recruitment dates and explain whether the final date was included.

3. Diagnostic criteria and treatment protocol: Describe the criteria used to confirm ectopic pregnancy, ultrasound methods, quantitative β-hCG testing, and methotrexate eligibility. Specify the actual dose regimen, monitoring schedule, contraindications, follow-up intervals, and treatment-failure criteria. Report only procedures that were actually performed.

4. Treatment-distribution discrepancy: The manuscript reports 40 patients, 13 treated with methotrexate, and 25 treated surgically, accounting for 38 patients. Explain the management of the remaining two

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patients and whether treatment categories were mutually exclusive. A patient-flow diagram or complete treatment table is recommended.

5. Methotrexate outcome: The reported proportion 12/13 (92.3%) is arithmetically correct, but a fall in β-hCG alone does not necessarily demonstrate complete resolution. Define success according to the study protocol and report follow-up completion, duration, additional treatment, and adverse events where available. If only biochemical response was documented, use that more limited description.

6. Rupture and surgery: Rupture is reported in 32 patients (80%), while surgery was performed in 25 (62.5%). Explain how rupture was diagnosed and how patients with rupture who did not undergo surgery were managed. Report the numbers of laparotomies, laparoscopies, and specific procedures where recorded.

7. Outcome classification and complications: Anemia was reported in 24 patients (60%), and one maternal death occurred. Define "favorable outcome," report transfusion numbers and relevant criteria, and account for all outcomes. The 34 favorable outcomes and one death leave five patients whose classification needs clarification.

8. Statistical analysis: Specify the descriptive methods, denominators for each variable, and handling of missing data. Use consistent counts and percentages. Confidence intervals for key proportions may be useful if calculated appropriately.

9. Discussion and causal interpretation: Compare the findings with relevant, verified regional and international studies. The suggestion that delayed diagnosis explains the high rupture rate is plausible but not directly demonstrated unless symptom-to-presentation or referral intervals were measured. Qualify this interpretation accordingly. Present improved access to transvaginal ultrasonography as a potential service-improvement implication, not an effect established by this study.

10. Ethics: The manuscript states that the ethics committee name, approval/reference number, and exact consent wording remain to be inserted. These details must be verified from original documentation and reported before publication. Include the approving committee, approval identifier/date, and applicable consent procedure.

11. References: The five references are limited and several entries are incomplete. Verify each against the original publication, complete the bibliographic details in the required Vancouver style, and add relevant citations to support the Introduction and Discussion.

Minor comments

1. Standardize terminology and abbreviations, including β-hCG, hemoperitoneum, laparotomy, and methotrexate.
2. Define abbreviations at first use and ensure consistent hospital names.
3. Ensure that percentages and denominators match across the Abstract, Results, and table.
4. Clarify the denominator for anatomical locations of ectopic pregnancy; provide counts as well as percentages.
5. Provide actual counts for surgical procedures and complications where data are available.
6. Expand the limitations to include the small sample, two-center setting, and lack of long-term reproductive follow-up.
7. Remove the editorial note and isolated punctuation mark from the final page.

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REVIEWER'S REPORT

Recommendation

The manuscript addresses a clinically significant problem and may contribute useful descriptive information about ectopic pregnancy in Mauritania. However, the current version does not provide sufficient methodological detail or internal clarity for an unqualified interpretation of its findings. I recommend major revision. The authors should resolve the patient and treatment accounting, clarify diagnostic and therapeutic criteria, define outcomes, complete ethical reporting, strengthen the literature comparison, and verify all references. The revised manuscript should be reassessed, and the reported findings should be checked against the original data**.**