OPEN PEER REVIEW

Open Peer Review (OPR)

As a new feature for progressing towards transparency, we decided to open a new window for all of our editors as well as authors titled "**Open Peer Review**". We hope by this new facility, our reviewers will be more motivated and authors will be more satisfied with the review process. We believe that publishing our peer review reports could make a transparent and clear environment for all our efforts within a journal, but not all reviewers tend to publish their comments.

What is "Open Peer Review" process?

An "Open Peer Review" process is making the details of all review process (including reviewers, associate editors, and EICs comments) as "Public" as it is agreed by EIC, Authors, and reviewers.

Advantages of "Open Peer Review" process

- More transparency, constructiveness and tactful comments of the peer review process: leads to an increase in the quality of reviews
- More motivations for all involved roles in the review process
- Authors' satisfactions from the review process: Increases honesty between authors and reviewers
- Education of both authors and new students
- Prevents reviewers from following their individual agendas and leading to the detection of reviewers' conflicts of interests

You can find out more at:
https://sites.kowsarpub.com/kowsar/knowledgebase/category/tree.html#opr.html

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Peer Review Report for "A Successful Pregnancy Outcome in a Heterotopic Abdominal Pregnancy: A Case Report"

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Review Timeline:

Submit Date:	7 Nov 2018
Revised Date:	29 Jan 2019
Accepted Date:	3 Mar 2019

Revision (0)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: Reviewer | **Revision** (0)

28 Nov 2018

Dear AE,
My comments for article "A Successful Pregnancy Outcome in a Heterotopic Abdominal":
- What was unique in this case report? Rare diagnosis or emerging diagnosis challenge? A Successful Pregnancy Outcome after Heterotopic pregnancy, or heterotopic abdomen? For example, If it is very rare diagnosis, should be talk from at first to end article(title-key words,…,conclusion) about diagnosis.
In abstract section:
- key words write based on MESH
In full-text section:
- Introduction: in this section (report case, management, and outcome) not necessary.
- Case presentation: history of the family planning didn't report.
- What was other clinic Characteristics physical examination? (pain locations /tenderness/rebound).
- Follow up: whether she followed from discharging to childbirth? isn't clear!
- Discussion: incidences reported in the first lines in this section should be report in introduction.
- Symptom nausea vomiting in case didn't report in case presentation! And only reported in

discussion?!
- Relevant literatures compare with this case in discussion.
- Conclusion: except recommend transvaginal sono and MRI ,bimanual examination isn't a first-line plan. If Bimanual examination, if performed at all, should be recommend cautiously and gently. as this case after Bimanual examination observed severe bleeding ?! and lead to acute abdomen! and according to guidelines isn't necessary.
sincerely

REFEREE: Reviewer | **Revision** (0) 23 Jan 2019

Dear AE,
This case is repetitious and no need to be published.
Thanks.

REFEREE: Associate Editor | **Revision** (0) 29 Jan 2019

Dear EIC
Based on the authors' answers to the reviewers' comments, the reviewer(s) have recommended publication.
Kind regards.

REFEREE: EIC | **Revision** (0) 29 Jan 2019

Dear Author,
Your article is reviewed by the reviewers carefully. According to their comments, this document needs minor revision. Please follow their comments as requested.
Thanks.

OPEN PEER REVIEW

Revision (1)

Reply to Reviewers

Ideally, the reviewing process can significantly improve the submitted manuscripts by allowing the authors to take into account the advice of reviewers. Author(s) must reply to all reviewers' comments in a separate Word file, point by point. A "**Reply to Reviewers**" document is submitted along with revised manuscript during submission of revised files, summarizing the changes that the authors made in response to the reviewers' comments. The responses to reviewers' comments specifies how the authors addressed each comment the reviewers made.

You can read the authors' responses to the reviewers' comments in the next page.

Dear authors

My comments for article "A Successful Pregnancy Outcome in a Heterotopic Abdominal":

What was unique in this case report? Rare diagnosis or emerging diagnosis challenge?, A Successful Pregnancy Outcome after Heterotopic pregnancy ,or heterotopic abdomen ? For example, If it is very rare diagnosis, should be talk from at first to end article (title-key words,…, conclusion) about diagnosis.

Heterotopic pregnancy is not a rare diagnosis since twin pregnancy rate has increased in recent decades; however, abdominal heterotopic pregnancy is rare. In addition, another unique point of this case is that a successful pregnancy outcome was finally resulted.

In abstract section:

- key words write based on MESH

Keywords “pregnancy, abdominal, ectopic, heterotopic, live birth” changed to “abdominal pregnancy, ectopic pregnancy, heterotopic pregnancy, live birth”.

In full text section:

- Introduction: in this section (report case, management, and outcome) not necessary.

We deleted this part.

- Case presentation: history of the family planning didn't report.

Before she decided to pregnancy, she had used condom.

- What was other clinic Characteristics physical examination? (pain locations /tenderness/rebound).

hypogastric pain and fever, mild tenderness in the left fornix, nausea, vomiting

- Follow up: whether she followed from discharging to childbirth? isn't clear!

Unfortunately, she was not followed after discharge from hospital. No early postpartum event was observed.

- Discussion: incidences reported the first lines in this section should be report in introduction.

We transferred them to the introduction section.

- Symptom nausea vomiting in case didn't report in case presentation! And only reported in discussion?!

We added them.

- Relevant literatures compare with this case in discussion.

We compared our results with cited relevant papers.

- Conclustion: except recommend tansvaginal sono and MRI, bimanual examination isn’t as firstline plan. If Bimanual examination, if performed at all, should be recommend cautiously and gently. as this case after Bimanual examination observed severe bleeding ?! and lead to acute abdomen! and according to guidelines isn't necessary.

We added this paragraph: “In such a case, bimanual examination should not be in the first line plan. If bimanual examination is to perform, it should be done cautiously and gently because may lead to severe bleeding. In our case this might be happen and lead to acute abdomen.”

Regards,

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Revision (1)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: Reviewer | **Revision** (1) 24 Feb 2019

Dear AE,
This version is better than the previous version. Thanks to the authors for the education point noted (In such a case, bimanual examination should not be in the first line plan. If the bimanual examination is to perform, it should be done cautiously and gently because may lead to severe bleeding. In our case this might be happening and lead to acute abdomen).
THANKS

REFEREE: Associate Editor | **Revision** (1) 2 Mar 2019

Dear EIC
Based on the authors' answers to the reviewers' comments, the reviewer(s) have recommended publication.
Kind regards.

REFEREE: EIC | **Revision** (1) 3 Mar 2019

Dear Author,
The document is reviewed carefully by the reviewers. According to their comments and your revisions as requested, this manuscript is accepted.
Thanks.