Value of Early Laparoscopic Exploration for Primary Infertile Patients with Patent Fallopian Tubes Complicated with Pelvic Effusion

General Recommendation: Major faults - probably not acceptable

Comments to Author:
This is a very well-written and interesting paper. It is educational and the findings are important and relevant. The writing is clear and concise. I have several observations and questions that are just suggestions, not necessarily changes or written responses. Just reading the abstract, don't you think leaving out any form of treatment as an explanation of improved pregnancy rates is a flaw? You do mention “treatment” but aren't specific and even imply that a diagnostic test (laparoscopy) and finding (pelvic fluid) somehow improve pregnancy chance. I assume there was never an attempt to treat medically, correct? All of the patients were nulligravidas, correct? All had urological male factor workup, correct? You have made a case to simply perform diagnostic/therapeutic laparoscopy on all ovulating women with primary infertility and just bypass the HSG. Something many providers have been doing. Using 6 months as a cutoff to define success is new.

Title and abstract

Introduction

Material and Methods

Statistical Analysis

Results

Discussion

Conclusions

Tables and Graphics

References

General comments to the Authors
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