

# Review of: "Impact of medical, surgical and expectant management on spontaneous miscarriage/abortion on first trimester: A systematic review and meta-analysis of randomized, controlled trials"

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Potential competing interests: No potential competing interests to declare.

Dear authors,

Thank you for your great work. Congratulation!

Although the paper is well written, but I have some concerns.

Firstly, the authors included the gestational age between 0 and 13 weeks. 0 is difficult to understand. Moreover, the miscarriage outcome is not the same for GA below 8 wks and after 8 wks when comparison. Even, some reports missed the gestational age as notice N/A in Table 1.

Secondly, in the method section, the authors did not describe the criteria on success rate of treatment, which based on transvaginal/abdominal ultrasound or by some different methods. Moreover, the dose of misoprostol should be mentioned. The effectiveness of misoprostol alone also be different with combination with mifepristone. The surgical type (C and D, Karman aspiration) should also be described.

Thirdly, the other outcomes such as vaginal bleeding (estimated blood loss, amount) should be described with measured evaluation. Criteria of infection should also be mentioned, by blood test (WBC, CRP) or by clinical examination (fever, abdominal pain).

Lastly, the medical management is prior than expectant management and the surgical treatment increases the infection rate. This conclusion should be expanded with the parity since the primigravida has a different risk with multiparous women in intrauterine adhesion (uterus synechia). Thus, contraceptive oral pills can be mentioned following the practical guidelines.

Strengths and limitations needed to be addressed sufficiently.

Sincerely,