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REVIEWER'S REPORT

Manuscript No.: IJAR-53418 **Date:** 20.08.2025

Title: Levonorgestrel Intrauterine System (MIRENA): Initial Experience in the

Management of Abnormal Uterine Bleeding

Recommendation:

Accept as it is

Accept after minor revision

Accept after major revision

Do not accept (*Reasons below*)

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

Reviewer Name: Dr. Divyaparvathy J

Reviewer's Comment:

This well-structured article effectively demonstrates the safety and efficacy of the Levonorgestrel Intrauterine System (Mirena) as a conservative treatment for abnormal uterine bleeding (AUB), presenting a clear methodology and strong results. The findings, which show a significant reduction in bleeding and a high patient retention rate, are well-supported by comparisons to existing literature.

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Detailed Reviewer's Report

- **1.** Introduction: The introduction is well-written, but it could be enhanced by briefly mentioning the potential economic benefits or quality-of-life improvements from avoiding hysterectomy.
- **2.** Methodology: The methods section is clear. However, it would be beneficial to include a more precise demographic detail, such as the mean or median age of the participants.
- **3.** A brief definition of the "no-touch technique" would also be helpful for non-specialist readers.
- **4.** Results: Supplementing the figures with more detailed textual descriptions would strengthen the narrative.
- **5.** It would also be a good idea to include some form of statistical analysis to show the significance of the findings over time.
- **6.** Discussion: The discussion is strong in its comparison to existing literature. For added value, consider briefly explaining the physiological mechanism by which Mirena reduces bleeding.
- 7. Expanding on the clinical implications of the findings would also be useful.
- **8.** Limitations: The study's limitations regarding small sample size and potential for follow-up bias are appropriately acknowledged. No further changes are needed here.