

## Peer Review File

Article information: <https://dx.doi.org/10.21037/gpm-22-1>

### Reviewer A:

**Comment 1:** The manuscript is interesting, however major revisions are needed to improve English grammar and medical writing style. I also strongly suggest including other case reports that had been published in the Journal of Minimally Invasive Gynecology (JMIG) as a reference.

**Reply 1:** The article has been polished and edited. I searched all the case reported, including the valuable articles reported at JMIG.

### Reviewer B

**Comment 1:** Could you add an image of the ultrasound examination? Was there any hydrometra or hydrosalpinx? It would be great if you could add an image of the hysteroscopy findings.

**Reply 1:** The image of the ultrasound have been added in the article. In our case, we didn't see any hydrometra or hydrosalpinx in the accessory examination or in the surgery. We didn't store the image of the hysteroscopy findings which was our biggest regret.

**Change in the text: page 10 line 1.**

**Comment 2:** Has the patient tried to get pregnant after this procedure? If there is a pregnancy after this type of complication, can you explain what your approach would be?

**Reply 2:** I've telephoned the patient again for her desire of pregnancy. She didn't try to get pregnant from then. If a patient get pregnant with the intrauterine fallopian tube, I think where would be three results. First, the patient may get ectopic pregnancy just like the case in our table 1 (Page 12 N:14). Second, the fertilized egg is implanted safely in the uterine cavity. But with the increase of gestational weeks, the possibility of uterine rupture will increase. When we find the intrauterine fallopian tube with pregnancy, maybe termination of the pregnancy will be safe for her. But if the desire to continue pregnancy is strong, I think MRI will be helpful to assess the condition of the muscular layer.

**Comment 3:** I recommend to extend the discussion and include a review of the literature published until now.

**Reply 3:** I have searched all the case reported, included a review of the literature and extended the discussion.

**Comment 4:** In your opinion, would it have been possible to make a correct diagnosis of tubal incarceration prior to the surgical procedure, if some other imaging technique had been performed?

**Reply 4:** After searching all the case reports, it showed that hysterosalpingography and MRI might be very helpful considering the diagnosis of tubal incarceration.

**Change in the text: page 5 line 16**