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315-321 Lockhart Road,
Wan Chai, Hong Kong, China

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 3935

Title: :Acute appendicitis: what is the gold standard of treatment?

Reviewer code: 02411099

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-06-03 19:54

Date reviewed: 2013-06-16 04:09

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

abstract should synthesize the work and its conclusions, not pose questions. OA vs LA. differences in outcome between OA and LA should be outlined by recalling, among the great number of papers addressing the subject, the most "valuable" papers either by evidence value (metanalyses of RCTs first, then well conducted RCTs, then systematic reviews of CCTs etc.), or by large case series or database studies (especially useful for the longitudinal follow-up of rare morbidities) or by particular aspects (i.e. peritoneal washing, pregnancy etc) analysed in the article. Your analysis is rather confusing, by putting together different series, rather by publication date than by real importance, and not evaluating the statistical biases which contribute to certain conclusions. Irrigation as a cause of IIA is yet controversial and is better analysed by other papers (i.e. pediatric series) "Laparocoele" is not an English word. Incisional hernia would be preferable Adhesions is another debated topic: no correlation between the number of adhesions and the clinical obstructive disease is proved. Thus, the only real advantage seems to be an easier "second look" or a minor infertility (some gynecological paper has to be cited). You yourself confirm this as the rates of bowel obstructions you cite are 0.63%-1.3% for LA and 0.3-1.5% for OA, thus more or less the same... SUSPECTED APPENDICITIS as for pregnancy and the value of laparoscopic exploration for the suspected acute abdominal pain you should revise the last SAGES guidelines concerning the two topics, as published in the websites or in Surg Endosc. In this chapter you should differentiate the NSAP (non-specific abdominal pain), which is mostly due to appendicitis or gynecological problems and cite the RCT by Morino and coll. STUMP Interval appendectomy is a different thing and should not be cited in this context. CHRONIC APPENDICITIS this is not a clinical entity but a pathologic finding. Thus no indication can be given prior to appendectomy. You should remove the chapter or convert it to "elective



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appendectomy in chronic appendicular pain" (if you can prove it is useful and how to make diagnosis in these patients, which are usually included in the group of NSAP) LA vs OA: factors for surgeons' decision cost analysis is not unfavorable for LA vs OA. Numerous studies and HTA reports undeeded this item (see DIMDI German HTA report). Surely the use of costly disposable devices and high technology (ultracision, staplers) rise the in-hospital costs. SILS: between the end of 2012 and 2013 5 RCTs have been published and the two techniques seem similar. These works enforce the existing evidence you cite which is based on CCTs and should be cited. CONCLUSIONS the evidence supporting LA is actually inconsistent as IIA might be classified as a major complication according to Dindo and Clavien, as it might require a second operation. A patients' selection is then important, so as other factors like the expertise in advanced laparoscopic surgery, the case-volume etc. Cost is not an essential issue and it does not exceed that of OA in certain settings (low use of high tech, reusable instruments, high expertise etc.). The recovery of gastrointestinal motility is not a primary outcome.



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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 3935

Title: :Acute appendicitis: what is the gold standard of treatment?

Reviewer code: 01220621

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-06-03 19:54

Date reviewed: 2013-06-16 16:09

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Some corrections of sentences are needed. I understand the previous studies, but I couldn't get the point of your article. Please refine your manuscript.



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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 3935

Title: :Acute appendicitis: what is the gold standard of treatment?

Reviewer code: 00227446

Science editor: Zhai, Huan-Huan

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
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<input checked="" type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Appendicitis is a common problem. A paper on such condition to be considered for publication has to be robust and well researched. I am afraid this is not the case. The section on stump appendicitis is of interest. Other areas of interest in managing appendicitis include: Management of normal appendix at laparoscopy Diagnosis of acute appendicitis Conservative management of acute appendicitis