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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:** 4634

**Title:** Comparison of Alvarado, Eskelinen, Ohhmann and RIPASA scores for the diagnosis of acute appendicitis

**Reviewer code:** 00057695

**Science editor:** Gou, Su-Xin

**Date sent for review:** 2013-07-12 09:26

**Date reviewed:** 2013-07-19 14:41

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 checked="" type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input checked="" type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

Several scoring systems have been designed to aid diagnosis of acute appendicitis. The older scoring systems such as Alvarado and modified Alvarado have poor sensitivity and specificity when applied to non-European patients. The Ohmann and Eskelinen scores are better in excluding rather than correctly diagnosing acute appendicitis. The newer scores such as RIPASA score are associated with better sensitivity and specificity in Asian population with lower negative appendectomy rate. This study is a prospective one and was conducted over 5-month period and managed to recruit 113 patients (62 males and 51 females); 94 patients underwent surgery. To my knowledge this could be the first study comparing the four scoring systems in term reliability in diagnosing appendicitis. However, I have major concern regarding the study design. The authors divided their patients into 2 groups: Group 1: Appendicitis group (histologically-proven appendicitis); n = 77 and Group 2: Non-appendicitis group n = 36 that included negative appendectomy (n = 11), other pathologies n = 6, and conservative or non-operative patients n = 19). I see no reason for this division and I feel the study should have concentrated on analyzing the scores for all patients who have had emergency appendectomy for suspected appendicitis (n = 94). Then sensitivity, specificity, PPV, NPV and diagnostic accuracy of each scoring system are then calculated. Hence, I suggest revising the paper on this line. Another concern is the study sample is small and less than 50% of subjects are females; a group in whom diagnosis of appendicitis is most difficult especially during their reproductive life. It is for this group of patients that scoring system is really needed. Furthermore, the conclusion did not match with the study findings and it was not clear if the scoring systems were calculated on admission i.e. before the operation or retrospectively after a period of follow-up. I also have the



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following comments: 1. The conclusion does not match with the findings. You concluded that Ohmann and RIPASA scoring systems have highest specificity for the diagnosis of acute appendicitis in your population. However, RIPASA score has the lowest specificity and hence the highest negative appendicectomy. 2. Several spelling mistakes: specificity was spelled wrong (specifity) throughout the text. Also "Rovsing's sign" was spelled wrong. 3. In the conclusion did you mean "highest sensitivity" rather than "specificity" as RIPASA was associated with very low specificity. 4. In 'Discussion': " Rate of patients with symptoms receded clinically after all analyzes was 5%". Please rephrase for clarity. 5. You have mentioned that decisions regarding operation were made according to the preference of the surgeon. If this the case, then on what basis the surgeon made their decision? Was it based on history and physical examination only? Was it augmented by laboratory or radiological tests? Did any of the scoring systems were used in making the decision? 6. Diagnosis of appendicitis is more challenging to make with confidence in child-bearing females. This study sample contained less females than males. 7. What was meant by " this new diagnostic method" in the figure legend. 8. I found the study design, presentation of results and discussion were weak and need to be strengthened.



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**ESPS Manuscript NO:** 4634

**Title:** Comparison of Alvarado, Eskelinen, Ohhmann and RIPASA scores for the diagnosis of acute appendicitis

**Reviewer code:** 00057741

**Science editor:** Gou, Su-Xin

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" 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 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)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

### COMMENTS TO AUTHORS

A well dwsigned and conducted study useful in the clinical setting



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**ESPS Manuscript NO:** 4634

**Title:** Comparison of Alvarado, Eskelinen, Ohhmann and RIPASA scores for the diagnosis of acute appendicitis

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
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		<input type="checkbox"/> No records	

### COMMENTS TO AUTHORS

This is an interesting manuscript regarding a question of comparison of Alvarado, Eskelinen, Ohhmann and RIPASA scores for the diagnosis of acute appendicitis. Number of subjects was too low to answer the question. A sample size calculation is needed.