

April 30, 2020

Resubmission of manuscript *Appendectomy in patient with suspected COVID-19 with negative COVID-19 results: Case report*, Manuscript NO.: 56119

Lian-Sheng Ma

Company Editor-in-Chief, Editorial Office

Baishideng Publishing Group Inc

Thank you for giving us the opportunity to revise our manuscript titled "Appendectomy in patient with suspected COVID-19 with negative COVID-19 results: Case report." We appreciate the careful review and constructive suggestions provided by the reviewers. We believe that the manuscript has been substantially improved after making the suggested revisions.

Point-by-point responses to the editor and reviewer comments as well as our responses in italics, including how and where the text has been modified, has been provided below. Revisions made in the manuscript are marked using red color font. The revision has been developed in consultation with all coauthors, and each author has given approval to the final manuscript.

Thank you for your consideration.

Sincerely,

Jae Young Choe, MD

Reviewer #1

I find the subject of the article very interesting for it is a very common clinical scenario encountered by physicians all over the world during COVID-19 pandemic. I also agree with the conclusion of the authors that emergency surgery shouldn't be delayed in cases of suspected COVID-19 infections and patients should be treated as positive until proven otherwise.

1. However, I am missing some more clinical data on the reported patient to justify the conclusion that this was indeed the case where the surgery could not be delayed until the results of the COVID-19 test from the ER were available.

We agree your comment. There could be some confusion because there is no information on the time taken from arrival to the emergency room to the surgery and the time the PCR result was confirmed. Accordingly, we have added the clinical data (lines 32, 73, and 93).

2. For neither the scarce clinical examination report («severe RLQ pain and tenderness»; no fever, local guarding or other signs of peritonitis...) nor the CT scan result («A 11-mm dilatation of the appendix»; no signs of peritoneal fluid or inflammation...) let us draw the conclusion that immediate surgery was really necessary.

Hospitalization was essential owing to the rapid progression of the COVID-19 pneumonia, the wide range of the pneumonia, and the distance between hospitals and homes, continuous self-isolation was necessary. In the expectation that hospital stay would be longer, emergency surgery was decided according to the guidelines of the reference 9 and 10 (lines 140–145).

3. The results of histopathological analysis of the removed appendix with confirmation of the clinical diagnosis and the description of the severity of the inflammation would also be of interest to round up the whole case.

We agree with your comment. Accordingly, we have added details regarding histopathological analysis and description of the severity of the inflammation to the revised manuscript (line 102–103 and 84–86).

4. In the discussion section (lines 132, 133) I find the statement not to perform the surgery if it would prolong the hospital stay somehow unclear and not correctly reflecting the guidance in the references. To my opinion urgent surgery is either indicated (necessary) or unnecessary. Any surgery that prolongs hospital stay in comparison with conservative treatment is clearly unnecessary...

We agree with your comment. Based on the guidelines (reference 9 and 10), we have removed the word "not" and have revised the text to "However, operations should be performed if delaying of surgery is likely to prolong the hospital stay, increase the likelihood of later hospital admission, or cause harm to the patient." As you pointed out, we did not accurately reflect the guidelines in the reference 9 and 10 and mentioned it in reverse (lines 140–145).

Science Editor

1 Scientific quality: The manuscript describes a case report of appendectomy in patient with suspected COVID-19 with negative COVID-19 results. The topic is within the scope of the WJCC. (1) Classification: Grade B; (2) Summary of the Peer-Review Report: The reviewer#04967668 finds the subject of the article very interesting for it is a very common clinical scenario encountered by physicians all over the world during COVID-19 pandemic. However, for neither the scarce clinical examination report nor the CT scan result let us draw the conclusion that immediate surgery was really necessary. The results of histopathological analysis of the removed appendix with confirmation of the clinical diagnosis and the description of the severity of the inflammation are also interesting. Any surgery that prolongs hospital stay in comparison with conservative treatment is clearly unnecessary. (3) Format: There are 3 figures. A total of 12 references are cited, including 10 references published in the last 3 years. There is no self-citation.

2 Language evaluation: Classification: Grade A. A language editing certificate issued by Enago was provided.

3 Academic norms and rules: The authors provided the Signed Informed Consent Form and the CARE Checklist–2016. The authors signed the Conflict-of-Interest Disclosure Form and the Copyright License Agreement. No academic misconduct was found in the CrossCheck detection

and Bing search.

4 Supplementary comments: This is an unsolicited manuscript. The study was without financial support. The topic has not previously been published in the WJCC.

5 Issues raised: (1) PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout.

We agree with the reviewer and have revised all references according to guidelines

6 Re-review: Not required.

7 Recommendation: Conditional acceptance. (Han Zhang)

Editorial Office Director

I have checked the comments written by the science editor.

Company Editor-in-Chief

I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Before final acceptance, uniform presentation should be used for figures showing the same or similar contents; for example, "Figure 1 Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...".