

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 56119

Title: Appendectomy in patient with suspected COVID-19 with negative COVID-19 results: Case report

Reviewer's code: 04967668

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Slovenia

Author's Country/Territory: South Korea

Manuscript submission date: 2020-04-17

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-04-18 06:19

Reviewer performed review: 2020-04-19 18:54

Review time: 1 Day and 12 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

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. 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. For neither the scarce clinical examination report («severe RLQ pain and tenderness»; no fever, local guarding or other sings 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. 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. 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...