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## **RESPONSE TO THE REVIEWERS**

**Manuscript NO:** 60018

**Title:** Xanthogranulomatous Appendicitis: Comprehensive Literature Review

### **Reviewer's Comments (02911182)**

Conclusion: Minor revision

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Congratulations for such a good paper. It is a good review of XGA developed from a clinical scenario previously reported. I only have to make some comments about ortography, one final comment about the surgical access and some considerations about the paper format that editor will have to take into account. -Introduction: line 11: "literature" -Results: line 3: "cerebrovascular", line 22: "xantogranulomatous". -Discussion: page 8, line 10: "adrenal", line 17: "from". -About surgical access: I have missed some comments about the possibility of performing a laparoscopy before: with the unique diagnosis of perforated appendicitis by US that you describe only with affection of the appendix and a little amount of free fluid around it, correct surgical access accepted by guidelines would have been laparoscopy, even with the risk of conversion according to surgical findings. As the authors describe clinical scenario, there is no clinical nor radiological reasons for directly considering midline laparotomy as the initial surgical access. Perhaps it would be helpful for the paper a consideration about the election of the surgical approach. -And finally: about the format: it is a little strange to read a case report with material and methods. Perhaps, on my consideration it would have been better to establish the following order: introduction (as it is), clinical scenario (with the description of the clinical case) and



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discussion (with the methodology used for the review that is clearly and well described and posteriorly with the results of the literature review and the rest of the discussion). I would also include that a clinical case is described in the title of the paper: "XGA: report of a case and comprehensive literature review" With all of these considerations I think it's a good paper that must be seriously considered for publication.

**Response to the Reviewer (02911182)**

Thank you for accepting our paper for your valuable review

Orthography errors corrected

About surgical access: In view of logistic problems with laparoscopic equipment's at the time of surgery, laparotomy was performed using an infraumbilical midline incision

Format was changed in light of your comment

With best regards

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