



PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 60018

Title: Xanthogranulomatous Appendicitis: Comprehensive Literature Review

Reviewer's code: 02911182

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Associate Professor

Reviewer's Country/Territory: Spain

Author's Country/Territory: Turkey

Manuscript submission date: 2020-10-11

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-10-18 17:50

Reviewer performed review: 2020-10-22 17:57

Review time: 4 Days

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 Grade E: Do not publish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 checked="" 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

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 discussion (witht 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.



RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Reviewer's Country/Territory: Spain

Author's Country/Territory: Turkey

Manuscript submission date: 2020-10-11

Reviewer chosen by: Jia-Ru Fan

Reviewer accepted review: 2020-11-13 10:28

Reviewer performed review: 2020-11-13 10:51

Review time: 1 Hour

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
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

SPECIFIC COMMENTS TO AUTHORS

About my previous suggestions: -Ortography updated. -Consideration has been made



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about surgical access. For readers this may be a poor reason. It's important to improve at your hospital availability of laparoscopic equipment in order to avoid repeating the situation of performing open surgery not for a clear indication but for logistic reasons.

-Format has not changed as suggested: *Introduction: as it is. *Case report: described. *Discussion: Must begin with the paragraph that you have included under the "materials and method" chapter: a literature search was conducted on PubMed, Medline, Google Scholar, and Google databases using the following keywords: "appendix vermiformis," "acute appendicitis," "XGA," "interval appendectomy," and "appendectomy..." . And must follow with the paragraph that you have under "literature review" : "Although a total of 36 article titles ..." and continued with all the discussion. This is the right format for Case Reports.