



PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 66049

Title: Revisiting delayed appendectomy in patients with acute appendicitis

Reviewer's code: 02512347

Position: Editorial Board

Academic degree: FRCS (Gen Surg), MBChB

Professional title: Chief Doctor, Surgeon

Reviewer's Country/Territory: Saudi Arabia

Author's Country/Territory: China

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Reviewer chosen by: AI Technique

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" 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 type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

This is a descriptive (not a systematic) review. The topic of "delay in appendectomy" is of great interest to general surgeons. As highlighted in this review, most of the current studies are of low level of evidence and bear contradictory conclusions. However, there is general agreement that delaying appendectomy -in nonperforated appendicitis-for 12-24 hours does not lead to increased morbidity and mortality. This is a good descriptive review. However, the manuscript contained several sentences that need revision for clarity. I have placed some suggestions to some of the headings and subheadings. I have the following comments: Title: can be shortened to "Revisiting delayed appendectomy in patients with acute appendicitis". Abstract: 1) line 2: change 'nonselective' to 'nonelective'. 2) line 7: change 'many factors will emerge' to 'many factors can cause delay in the surgical intervention'. Introduction: 1) line 7: sentence 'Because of the urgency of the diagnosis and associated adverse effects with perforation, traditionally, it is believed that appendectomy should be performed expeditiously after a diagnosis is made.' needs to be rephrased for clarity. 2) line 9" Change 'from the last 2 decades' to 'in the last 2 decades'. 3) It is worth mentioning the introduction section the way review of the published literature was done and what were the 'search words' and the search engines used. Under 'Spontaneous resolution': Line 3 from the bottom, sentence 'In addition, the incidence of AA decreased overall, which was mainly attributed to nonperforated but not perforated AA , suggesting that a disconnect exists between the two types of appendicitis[6].' could do with rephrasing for clarity. Page 4, line 3: Sentence 'No mater presents as phlegmonous (pus-producing) or advanced inflammation (but without gangrene or perforation) that needs appendectomy, ..' Poor English. Please revise for clarity. Page 4, last sentence line 3 from the bottom ' No intra-abdominal abscesses or other major complications resulted from delayed appendectomy in patients randomized to antibiotic treatment.' Poor English; rephrase



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for clarity. In the subheading of 'Successful non-operative management', it is worth mentioning a brief account of the recommended steps in the NOM policy. Under 'Lack of medical resources': Page 9, para 2: sentence 'A surgeon taking a call at home may feel obligated to drive to the hospital to perform an emergency appendectomy in the middle of the night or on weekends to alleviate sleep deprivation among the surgeon and affiliated staff'. Poor English. Revise and rephrase for clarity. I am pleased to see you touched on the impact of Covid-19 pandemic on general surgical practice. Change subheading 'adverse events' to 'paotoperative complications'. Change subheading 'unsatisfaction of patients' to 'Dissatisfaction of patients'. Change heading 'Why conclusion inconsistent across studies' to 'Appraisal of current studies on delayed appendectomy'. Page 18, subheading 'Grade the severity of AA correctly at presentation' to be changes to 'Correct severity grading of AA at presentation'. Page 18, last sentence 'to increase strategy currently': Poor English, please revise for clarity. Page 20, line 4 from bottom, sentence ' Whether LA can decrease can not be determined'. Poor English. Please revise. Conclusion section, 1) Line 3: change 'many factors will emerge..' to 'many factors can cause delays in surgical intervention. 2) Line 6, change ' seeking a doctor' to 'seeking medical advise' 3) line 9, change 'inheritance' to 'inherent'. Page 22, Line 2, sentence 'Therefore, with the aim of shortening the waiting time before appendectomy and improving the prognosis of this disease, in spite of ascertaining the causality between delayed and complicated AA and associated adverse effects, ' Revise for clarity. I am not sure why you included NOTES and endoluminal surgery as advantageous therapy strategy in reducing delay in surgery.



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Title: Revisiting delayed appendectomy in patients with acute appendicitis

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SPECIFIC COMMENTS TO AUTHORS

This is an interesting review article regarding the important topic for general surgeons. The title, abstract, key words, and the literature review with division into subheadings are correct. The references are appropriate. Figure 1 clearly shows timeline of the key events in the history of the research on surgery delay in acute appendicitis. The review article is comprehensive and contains a lot of informations. Summary of all discussed article in the table could be considered by the author. The table should present the author's name, publication year, article type and design, number of enrolled patients and the most important conclusions. The author's opinion would on the current diagnostics and management in acute appendicitis would be interesting for readers. What about the current role of computed tomography in patients with acute appendicitis? I think that more information on this topic as well as information regarding association between surgery delay and the more frequent CT use should be presented in this article.