

[2021/12/28]

*World Journal of Clinical Cases*

Dear Editor:

I wish to submit a case report for publication in *World Journal of Clinical Cases*, titled "Appendico-vesicocolonic Fistula – A case report and literature review" (Manuscript NO: 72261). The paper was coauthored by Han Yan, Ying-Chao Wu, Xin Wang, Yu-Cun Liu and Shuai Zuo.

First, Thank you for your guidance and appreciation of this article. I have read the advice given by the experts carefully. And I resolve all issues in the manuscript based on the peer review report and make a point-by-point response to each of the issues raised in the peer review report.

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: This is a good manuscript, a rare disease. It is a curious case with surgical treatment and I find it interesting that the authors show images of the surgical specimen in the manuscript. I'd like to know what was done with the patient during the period from refusing the surgery until its acceptance.

**[REPLY]** The patient did not receive any other trauma or treatment during the period between refusing the surgery and its acceptance.

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Minor revision

Specific Comments to Authors: Authors reported a rare and interesting case of appendico-vesicocolonic fistula combined with an appendiceal-colonic fistula. They also provide some recommendations for the diagnosis and treatment of these rare disease along with a review of the literature. STATUS: ACCETTABLE FOR PUBBLICATION PENDING MINOR REVISIONS. General considerations: This is a CASE REPORT article. The work is very interesting, the paper is very well-written, and there are not similar cases described in the literature about this topic. Abstract: the abstract appropriately summarize the manuscript without discrepancies between the abstract and the remainder of the manuscript. Keywords: adequate. Reference: adequate. Paper On some aspects, the authors should address:

1)In the diagnostic suspicion of entero-vesical fistula, have you considered the possibility of performing a plain radiograph or MRI fistulography? Please, specify it.

**[REPLY]** In view of the previous consideration of a possible colovesical fistula and the complexity of the patient's condition, we considered a CT examination directly rather than a plain film or MRI fistulography. Plain films, ultrasound, and MRI fistulography were not performed later because the CT scan provided comprehensive information.

2)Prior to the CT scan, was an ultrasound examination performed? If so, insert the images.

**[REPLY]** No ultrasound was performed as the CT scan provided sufficient information.

3)In the discussion paragraph, it would be appropriate to consider the main pathologies entering into the differential diagnosis. Specifically, it would be interesting to mention the causes of abdominal pain in the hypogastrium and right/left iliac fossa. Among these, a particular mention to epiploic appendicitis and omental infarcts also deserve. I suggest the following readings, which I invite you to discuss and include in the references. -DOI: 10.1148/rg.314105065. PMID: 21768232. -DOI: 10.5114/pjr.2020.94335. PMID: 32419882; PMCID: PMC7218446.

**[REPLY]** In the discussion section, I have included the main diseases for differential diagnosis. In particular, the identification of pain in the lower abdomen or bilateral iliac fossa was mentioned. And I specifically mentioned epiploic appendagitis and omental infarcts from the references above.

4)An attempt could be made to insert one or two schematic drawings depicting the fistulous paths between the various organs. I believe that this trick would make the article more interesting, certainly more usable for beginners. Figures: poor.

**[REPLY]** I have inserted one schematic drawing depicting the fistulous paths between the various organs (Figure 4).

5)The iconography is poor. In practice, non-invasive imaging is reduced to a single CT image. If there are, it would be advisable to insert ultrasound, fistulography and MRI images.

**[REPLY]** The ultrasound, fistulography and MRI were not performed as the CT scan provided sufficient information. So unfortunately, there were no relevant images.

Thank you for your consideration. I look forward to hearing from you.

Sincerely,

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