

Point-by-point responses

Name of journal: World Journal of Gastroenterology

Article type: REVIEW (Number ID: 02855928)

Manuscript No: 34650

Title: Laparoscopic appendectomy for acute appendicitis: How to discourage surgeons using inadequate therapy

Correspondence to: Tomohide Hori, PhD., MD., FACS.

Thank you for your valuable suggestions.

According to reviewers' comments, we revised our initial manuscript.

Please review our revised manuscript.

We prepared Marked revised manuscript and Clear version. In the marked version, additional mentions are in Red, and deleted sentences are shown in Red with strikethrough.

Also, this summary of responses (Point-by-point responses) was separately made.

English language: Revised manuscript have been already checked by English consultant (edanz editing, ordering No: J1705-104769-Hori). I attached a Certificate for English language, with submission file.

To reviewer 02728137

Thank you for your valuable suggestions.

According to your suggestions, we revised our initial manuscript.

1. Advantages of interval appendectomy in appendiceal mass

Thank you for your suggestion.

Some researchers indicated that interval appendectomy is the “gold standard” ONLY for treatment of appendiceal mass.

According to your suggestion, we added the mention as ‘though some researchers believed that interval/delayed appendectomy has some advantages only for treatment of appendiceal mass.^[12,14]’ (Page 5 line 22-24, in the Marked revised manuscript).

2. Interval appendectomy

Thank you for your suggestion.

The term of 'interval appendectomy' can be used only in case of appendiceal mass and performed after 6-12 week of the beginning of disease.

According to your suggestion, we clearly mentioned this point (Page 9 line 13-15, in the Marked revised manuscript).

3. Relevant references

Thank you for your suggestion.

According to your suggestion, we added the relevant references (Page 13 line 1, in the Marked revised manuscript).

To reviewer 03317059

1. Certificate of English Editing

Old title before English editing was stated on the certificate.

We attached new certificate with the final title after English editing.

2. Contribution to the science

Sorry, our study is poor.

To reviewer 02839880

Thank you for your valuable suggestions.

According to your suggestions, we revised our initial manuscript.

1. English language

This draft has been checked by English consultant.

We attached new certificate with the final title after English editing.

2. Spelling error

Thank you for your suggestion.

We corrected the spelling error from 'Laparpsopic' to 'Laparoscopic' (Page 1 line 7, in the Marked revised manuscript).

3 The titles of the paragraphs

Thank you for your suggestions.

According to your suggestions, we corrected the titles of the paragraphs, from 'RESIDENTS' PERFORMANCE OF LA' to 'STABILITY OF RESIDENTS ON LA' (Page 12 line 1-2, in the Marked revised manuscript), and from 'COST EFEFCTIVENESS' to 'REASONABLE COST' (Page 15 line 16, in the Marked revised manuscript).

4. Clear and useful figures.

Thank you for your positive evaluation.

Drain placement is also important, and figures did not involve this point. We added only the mention in the text, as 'Do not hesitate to place a drain. A drain pathway through the abdominal wall is adequately made at the right abdomen, to prevent a drain dislocation.' (Page 11 line 13-15, in the Marked revised manuscript).

5. Important references

Thank you for your suggestions.

According to your suggestions, your recommended 3 articles have been listed in the revised manuscript as Ref # 147-149 (Please see new reference list).

We added the mentions including new 3 references as 'Diagnostic methodology and subsequent management pathway have been already established.^[147] The LA under the hands or directions of experienced surgeons is safe and has a lot of beneficial advantages.^[148,149] High-volume centers should routinely perform emergent laparoscopic surgery including LA.^[148]' (Page 16 line 23-page 17 line 4, in the Marked revised manuscript).

6. Conclusion for the future direction of LA

Thank you for your valuable suggestion.

According to your suggestions, we added a statement in the conclusion paragraph on the future direction of LA, as 'The question can be asked: 'Where should emergency physicians or general surgeons head in the next decade?'. We consider that it is important to focus on stabilizing prompt LA for acute appendicitis around the world.' (Page 17 line 9-12, in the Marked revised manuscript).

To reviewer 00919923

Thank you for your positive evaluation.




Certificate of English Editing

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About the manuscript:

Title	Laparoscopic appendectomy for acute appendicitis: How to discourage surgeons using inadequate therapy
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Date of editing	11 May 2017

About the editor:

Editor	<div><p>Ellen Knapp 2000 - PhD Developmental Medicine/Biology, Pediatrics - University of Auckland <i>Experienced general editor and recipient of an American Heart Association Post-doctoral Fellowship</i></p></div> <p>Full profile</p>
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Certificate issued by	Koji Yamashita Managing Director and CEO Edanz Group Japan K.K.
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While this certificate confirms the authors have used Edanz's editing services, we cannot guarantee that additional changes have not been made after our edits. It is the author's responsibility to ensure any unclear sentences in the manuscript are clarified for the Edanz editor.