Responses to Reviewers' Comments

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REVIEWER NUMBER ID 01220621

It is an honor to review this valuable article. I think this would be a good written article for reviewing. This is not a rare disease, but the authors write well about the case.

- Thank you very much.

I feel authors should remove some sentences in the manuscript, some documentations and expression seem to be redundant for me. This is a very interesting topic and has not been published so far. There might be worse to be published. But the sentences are too much for the case report. Please refine the sentences.

- We have made several significant changes throughout the manuscript with this Reviewer's comments, as well as the other 3 Reviewers' feedback and recommendations in mind.

I feel the images should focus on the Figure 1 and I am not sure what this images focus on. The figure 3 and 4 indicated bladder, but I think the anatomical location in the CT is different and I think this "Bladder" is rectum. Please review them.

- Thank you very much for pointing out our mistake.
- We have changed the "Bladder" to "Rectum" in Figure 3 and Figure 4..

This article is worth to be published, but I feel this need more efforts before being published.

- Thank you very much.
- We have made several significant changes throughout the manuscript with this Reviewer's comments, as well as the other 3 Reviewers' feedback and recommendations in mind.

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REVIEWER NUMBER ID 03035620

This is a well-written case report. Although appendicitis and post operative intraabdominal infections are very common, the authors are right that there is no enough literature on intraabdominal infections accompanying ESBL E. coli. I appreciate their contribution to the literature. In my opinion this paper worths publishing.

- Thank you very much.

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REVIEWER NUMBER ID 03036083

Authors encountered a case of ESBL producing E. Coli after appendectomy. In the discussion section, authors wrote that ESBL-producing E.coli in acute appendicitis is not so rare. Therefore, this report is not so attractive at this point. Especially, it is hard to accept a case report in a journal with a impact factor.

- Dr. Ze-Mao Gong, Director, BPG Editorial Office has mooted a transfer of this manuscript to another BPG Journal

Readers wants to know how to prevent from encountering a case like yours. Was there any way to prevent from forming abdominal abscess? If it should be discussed. For example, How did the authors close the appendiceal stump? Was there any inflammation around the appendiceal stump at the time of operation? Recent article showed that endoloop are likely to develop more abdominal abscess than endostapler.

- We have added the following statement in the Case details section:
    - "The appendiceal stump area chosen for closure with Polydioxanone Endoloop® was free from visible inflammation."
- We have added the following paragraph to the Discussion section:
    - The choice of Polydioxanone Endoloop® or Endostapler did not seem to be influential in the pathogenesis of intraabdominal abscess. A retrospective study of 708 patients displayed a higher incidence (Odds Ratio 1.36) of developing intraabdominal abscess whilst using Endoloop®, when compared to Endostapler

[REFERENCE]. Conversely, a retrospective study involving 242 patients showed higher incidence of intraabdominal abscess when Endostapler was used in cases of perforated appendicitis, in contrast to when Endoloop® was used (Odds Ratio 7.09) [REFERENCE]. However, a larger, better-designed, technically-superior, prospective study involving 1369 patients showed no difference in incidence of intraabdominal abscess between Endoloop® use versus Endostapler use (Odds Ratio 0.96) [REFERENCE]. Interestingly, using multivariable analysis, this prospective study also showed that complicated appendicitis was the only independent risk factor for an intraabdominal abscess (Odds Ratio 6.26) [REFERENCE]. Another retrospective study showed no difference [REFERENCE].

Was 500 ml of normal saline enough to wash out the bacteria or should you washed the other part of the body? These points will make your report much more attractive.

- We have modified the appropriate sentence in the Case details section as follows:
    - An appendectomy was performed with irrigation of the right para-colic gutter and pelvis with approximately 500 ml of normal saline, which we thought was adequate.

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REVIEWER NUMBER ID 00506572

The manuscript is well written, the topic of high interest. Few minor issues like how species appear in text. Escherichia Coli should be coli and this needs to be corrected. Some other species in the text also need to be italicized and we dont need bold typeface in the text.

- Italicised "*Enterobacteriaceae*" has been normalised – This is highlighted
- Changes have been made throughout the manuscript in order to make *E. coli* the correctly formatted name – The alphabet normalisation of capitalisation have been highlighted, but the italicisations have not been highlighted as the Word Document becomes messy)
- Genus and species names have been italicised throughout the manuscript (but not highlighted as the Word Document becomes messy)

The first two introductory paragraphs should be supported with much more frecent references. The literature has 100's of such each year.

- The following sentences have been added to the 2nd paragraph of the Introduction section:
    - South and South East Asia are considered to be major regions for ESBL related infections and colonization [REFERENCES]. A Pakistani meta-analysis estimated the proportion of ESBL Enterobacteriaceae colonisation (nosocomial and community) to be 40 % [REFERENCE]. Proportion estimates of ESBL Enterobacteriaceae hover around 46 % in China [REFERENCE], 42 % in East Africa [REFERENCE], 10 % to 15 % in Germany [REFERENCE], and 4 % to 12 % in the United States [REFERENCES].

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