

Fang-Fang Ji, Science Editor
Editorial Office
Baishideng Publishing Group Inc.

1st February 2019

Re: World Journal of Clinical Cases – **Manuscript No. 45583**; Title: Laparoscopic appendectomy for elemental mercury sequestration in the appendix: A case report

Dear Dr. Fang-Fang Ji,

Thank you for your email dated 27th Jan 2019. We have revised the manuscript according to the recommendations of the reviewers. We would like to submit the final version to the Journal. Below are our replies to the comments of the reviewers, as well as the modifications that were introduced in the revised version of the manuscript.

Thank you and best regards,

Gregor Norčič, MD, PhD, Department of Abdominal Surgery, University Medical Centre Ljubljana

Reviewers code: 00050424, 00051373, 00058381, 00504187, and 00044980

Reviewer #1: This manuscript reports a case undergoing laparoscopic appendectomy for elemental mercury sequestration in the appendix. 1. Authors mention in Discussion section that conservative therapy with special body position has been reported to be useful. Did authors perform this special body position? 2. Was not mercury accumulation decreased in the appendix before laparoscopic appendectomy?

Reply: We thank the reviewer for his/her valuable review and comments. Besides several enemas we did not perform any other conservative measures for the removal of elemental mercury from the appendix (including special body position described in the literature) because of our patient's labile emotional status following a suicide attempt and her non-cooperation during treatment. Furthermore, the mercury accumulation before the operation was not decreased in the appendix according to the several abdominal x-rays, we only noticed decreasing level of blood mercury level due to treatment with chelating agent (dimercaprol). The amount of mercury in appendix was unchanged according to a rough estimation from by a series of abdominal x-ray. Therefore, we decided for laparoscopic appendectomy.

Reviewer #2: This manuscript offers a case report on a patient with elemental mercury sequestration in the appendix, including a review of the literature and illustrative pictures. Discussion, paragraph 4: "Trendelburg position" -> Trendelenburg position. Ethical approval and consent: "befor" -> before. The format of reference list is not consistent.

Reply: We thank the reviewer for his/her valuable review and comments. We regret the noted spelling errors in our manuscript. All of them are now corrected in the revised version. The reference list has been precisely reviewed and corrected as well.

Reviewer #3: This is an interesting and uncommon clinical situation. Therefore, it is worth of publishing. However, the paper is written in a poor English language, and it is too extensive for such a case report. The main question is if there is a real need for appendicectomy when mercury is within the appendix, not if conservative measures are successful or not in mercury ingestion. This should focus in the core tip, which indeed is too extended. The description of the case can be shortened as well, and some clinical data avoided, not being substantial for the report. Even the discussion could be condensed, mainly emphasizing the appendiceal involvement in mercury ingestion more than all the toxicological implication. References are updated and complete Figures: I would reduce them, keeping only fig. 1A, 2 and 4

Reply: We thank the reviewer for his/her valuable review and comments. The manuscript was prepared with great effort and the final version was proofread by a Native speaker. If there is a need for additional proofreading, we leave the decision for any additional proofreading at the discretion of the editor. As the opinion of other reviewers about the length of manuscript is similar, we have shortened the abstract, core tip, introduction and even the clinical presentation of the case keeping only substantial information. Some toxicological implication was shortened, but all were not omitted because a possible toxicological complication justifies our decision for the laparoscopic appendectomy. The question of whether to perform appendectomy in asymptomatic patient is now emphasised in the core tip. The figures were reduced and in line with the reviewer's advice, only the most substantial figures for the case report were kept (fig. 1A, 2 and 4).

Reviewer #4: This is an very interesting case report. Accept for publication.

Reply: We thank the reviewer for his/her positive evaluation of our manuscript.

Reviewer #5: The article should be shortened, especially the abstract, core tip and introduction. It is too long for a case report.

Reply: We thank the reviewer for his/her valuable review and comments. As the opinion of other reviewers about the length of manuscript is similar, we have shortened the abstract, core tip, introduction and even the clinical presentation of the case keeping only substantial information.