



PEER-REVIEW REPORT

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input 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 Grade E: Do not publish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 checked="" type="checkbox"/> Grade B: Minor language polishing <input 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
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SPECIFIC COMMENTS TO AUTHORS

In this study, the authors reported a case report and literature review of acute appendicitis associated with *Salmonella typhi* infection. This was an interesting case. However, I have some questions about decision making about performing appendectomy. 1. The patient experienced several days of diarrhea and worsened over the last three days. Fever was up to 39.7°C. On abdominal palpation, Was right lower abdominal tenderness dominant? Preoperative CT scan revealed thickened intestinal wall of ileocecal junction with multiple enlarged lymph nodes nearby. Is there no information about appendix? Regarding this clinical information, most surgeons would suspect secondary appendicitis associated with acute gastroenteritis more than primary appendicitis, and subsequent treatment will be medical treatment rather than appendectomy. Of course, I understand that there may be complex circumstances besides medical situation. If a patient with the same clinical presentation visits their clinic, what is the treatment of choice to authors? 2. Were multiple spleen infarctions and right renal infarction not detected in CT scan before CTA (CT angio?) scan? 3. What was antibiotics regimen before levofloxacin?