

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

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?

Response: Thank you for your valuable comments. After reviewing the medical record of this patient, the right lower abdominal tenderness was dominant on abdominal palpation. In terms of the second question, our CT scan indicated the appendicitis. This point has been added to our manuscript. As for the final question, before coming to our emergency department, this patient has received medical treatment for three days, but the symptom was not relieved. Besides, this patient presented the right lower abdominal tenderness, which indicated the presence of peritonitis. Therefore, we choose the appendectomy instead of the medical treatment. If a patient with the same clinical presentation visits the clinic, appendectomy is still the primary

treatment.

2. Were multiple spleen infarctions and right renal infarction not detected in CT scan before CTA (CT angio?) scan?

Response: Thank you for your comments. In the CT scan, the multiple spleen infarctions and right renal infarction were not detected. Because in the emergency department, enhanced CT was not regularly performed.

3. What was antibiotics regimen before levofloxacin?

Response: Thank you for your question. Before levofloxacin, the antibiotics regiment was cefoperazone and sulbactam plus metronidazole, which could cover the aerobic and anaerobic coverage for ordinary bowel bacteria. This point has been added to the **Treatment** section.