

Answering Reviewers

Dear reviewers and dear editors,

Re Manuscript NO. 68779 and Title: Acute appendicitis complicated with mesenteric vein thrombosis: A case report and discussion

We would like to thank WJCC for giving us the opportunity to revise our manuscript and thank all the reviewers for your careful read and helpful comments on the precious draft entitled "Acute appendicitis complicating mesenteric vein thrombosis: a case report and discussion" (NO. 68779). We have carefully studied all the comments and prepared our revision according to them. We hope to meet with approval. The corrections and additions to the original article are as following:

Reviewer #1

Comment: This case report describes a patient with acute appendicitis complicated by mesenteric vein thrombosis (MVT) who recovered after conservative treatment. It describes the clinical course and the basis for diagnosis in detail, but I have the following concerns: In addition to the clinical course, referring to the past papers, it seems that acute appendicitis triggered MVT, but I think the mechanism needs to be further discussed. I think you need to refer to the following paper (Takehara K, et al. Superior mesenteric vein thrombosis as a complication of acute appendicitis: report of a case. Clin J Gastroenterol. 2013 Aug;6(4):269-73) and add Discussion along with the clinical data.

Response: Thank to reviewer for your constructive advice and recommendation about the reference. The article by Takehara K described a similar case with appendicitis and mesenteric thrombosis and discussed the pathogenesis. They mainly propose three possible mechanisms and considered that periphlebitis was the most likely one. Because of lack of pathological evidence, we conducted a more in-depth analysis of the pathogenesis by reviewing other similar cases and combining all their hypotheses. The added content of this part has been included in the discussion part of the revised paper: "... MVT is rare and its cause is not clear. Although patients may have a variety of possible pathogenic factors or none of the risk factors, about 75% of them with MVT could find potential etiologic factors. Other similar cases reported suggest that acute appendicitis may induce MVT by causing local blood hypercoagulability, mesenteric phlebitis or mesenteric perivascular inflammation, etc. Since our case did not undergo surgery, we were unable to obtain a pathological diagnosis. However, the CT scan showed that the appendix and mesenteric perivascular inflammation during the onset of the disease. The other CT scan one month after the onset of illness indicated that the involved vein was completely occluded and collateral circulation was established. Thus, we consider the angitis and periphlebitis could both play a major role in our case ...". We consider our case and Takehara K's may share some common pathogenesis, but not exactly the same.

Reviewer #2

Comment: Nice case. Some language polishing needed.

Response: We want to thank reviewer for your suggestions. We have asked relevant professionals who are native English speakers to modify the language of this article and the editing certificate has been added to the attachment. Besides, we again carefully revised and

polished the full text. Our revised parts are as follows.

- ①Title: change “complicated by” to “complicated with”.
- ②Abstract-Background: add “... especially when it is accompanied by other abdominal diseases.” After “... misdiagnosis or delayed diagnosis”.
- ③Introduction: change “... outcomes (such as intestinal necrosis, septic shock or short bowel syndrome, etc.).” to “... outcomes, such as intestinal necrosis, septic shock or short bowel syndrome, etc.”
- ④Treatment: change “... and was discharged from the hospital” to “... and discharged from the hospital”.

In addition to the above changes, we have also made adjustments to the comments of the editorial office's department. Here are the responses.

Issue #1: The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor.

Response: We have created the PowerPoint file containing all graphs and all the signs are editable. The file has been uploaded to the attachment.

Issue #2: PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout.

Response: DOI, PMID and all authors' name of the references have been added to the reference list.

Issue #3: The “Core Tip” section is missing. Please add the “Core Tip” section at the end of the main text.

Response: We have added the “Core Tip” of our article.

Issue #4: The “Case Presentation” section was not written according to the Guidelines for Manuscript Preparation. Please re-write the “Case Presentation” section, and add the “FINAL DIAGNOSIS”, “TREATMENT”, and “OUTCOME AND FOLLOW-UP” sections to the main text, according to the Guidelines and Requirements for Manuscript Revision.

Response: After consulting the guidelines, we have reformatted the article to make it conform to the standard framework.

Finally, thanks again for your good comments.