

Ref.: Manuscript 7387 : Laparoscopic Treatment of Perforated Appendicitis (ID: 00057566)

Dear Professor Ma:

First of all, thank you and the reviewers for the excellent comments about our article entitled: Laparoscopic Treatment of Perforated Appendicitis (ESPS Manuscript NO: 7387) for possible publication in *World Journal of Gastroenterology*.

We have read the comments carefully and revised the manuscript accordingly. The revised parts of the manuscript have been highlighted in red fonts. Below we have attached the point-to-point responses to the comments.

Looking forward to the next correspondence.

Yours sincerely

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Responses to reviewer comments

Reviewers' Comments to Author:

Reviewer 1

The article is Good, but I have only minor remark in Introduction. Maybe it is the matter of style - every introduction of similar articles is the same. I would start with the sentence that LA is effective procedure, and make the question about the role of LA in perforated appendicitis.

Answer:

Thank you for your excellent suggestions. We have revised the introduction part accordingly (page 3, line 2-6 and line 12-16).

Reviewer 2

Q1. Some minor comments: Methods of stump closure "The decision of using an endoloop or a stapler for appendiceal stump closure seems based on the surgeons' preference and the economic concerns." I would rather say that more studies are needed especially in the "complicated appendicitis" group

Answer:

Thank you for your comments! We agree with you and have revised the content in the "*Methods of the appendiceal stump closure*" section (page 6, line 9-19).

Q2. Lavage concerns over lavage should be analysed more deeply. In the study you cite the median quantity of fluid used for irrigation was 2lt (ref nr 30). If you look at the study by Ohno (Ohno Y, Furui J, Kanematsu T. Treatment strategy when using intraoperative peritoneal lavage

for perforated appendicitis in children: a preliminary report. *Pediatr Surg Int.* 2004;20:534-7) you will calculate that a large amount of fluid is necessary to minimize residual contamination in perforated appendicitis, and this is why most European guidelines still recommend it

Answer:

Thank you for your comments. We have discussed this issue more thoroughly and cited the associated references according to your suggestions in the “*Efficacy of peritoneal lavage*” section (page 7, line 7-10).

Q3. This is strictly connected with the positioning of a drain for the aspiration of the residual lavage fluid in the first 24 hours postoperatively (which might lower the incidence of IAA in case of insufficient lavage).

Answer:

Thank you for your excellent suggestions. The issue has been discussed in the “*Routine abdominal drainage*” section. (page 8 , line 6-8).

Q4.**Efficacy and cost.** The cost issue is not only related to the operative time. Also instruments, high energy devices, in hospital costs, analgesia medications, outpatients costs (in case of wound infections) should be considered. Some HTA reports are published in this field (i.e. Deutsche Agentur für Health Technology Assessment des Deutschen Instituts für Medizinische Dokumentation und Information (DAHTA@DIMDI) (Hrsg.). Schriftenreihe Health Technology Assessment (HTA) in der Bundesrepublik Deutschland)

Answer:

Thank you for your excellent suggestions. The Germany HTA report has been incorporated into the discussion in “*Medical Cost*” section. (page 16 , line 11-19 and page 17. line 1-2, line 6-7).

Q5. **Elderly.** I think the routine indication to preoperative CT scan should be enhanced in this particular population, as recommended in guidelines (Vettoretto N, Gobbi S, Corradi A, Belli F, Piccolo D, Pernazza G, Mannino L; Italian Association of Hospital Surgeons (Associazione dei Chirurghi Ospedalieri Italiani). Consensus conference on laparoscopic appendectomy: development of guidelines. *Colorectal Dis.* 2011 Jul;13(7):748-54. doi: 10.1111/j.1463-1318.2011.02557.x. PubMed PMID: 21651696.)

Answer:

Thank you for your excellent suggestions .The importance of preoperative CT for elderly patients has been discussed and the related references were added up. (page 19 , line 8-12).

Q6.**Conclusions.** "risks of IAA will not be eliminated by irrigation and routine drainage" I would not be so definitive.

Answer:

Thank you for your comments .This phrase has been revised as; “the roles of irrigation and routine drainage to reduce risks of IAA remain debatable.” (page 22 , line 6-7).

Reviewer 3.

Thank you very much for this paper. It is a good review, well written and concise . It

Will be useful for many Surgeons. The Authors absolutely need to explain **how they**

conducted the literature searches . In particular needs to refer **Why some papers are excluded or included in the review.**

Answer:

Thank you for the excellent suggestion! We search the website for original articles whose keywords included laparoscopic, appendicitis, and perforation. Case reports or case series lack in a control group for comparison were excluded from this review. This part was explained in the Introduction section (page 3 , line 17-19 and page 4, line 1).