

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 12280

Title: Clinical and computed tomography findings of appendiceal diverticulitis vs. acute appendicitis

Reviewer code: 00070191

Science editor: Yuan Qi

Date sent for review: 2014-06-30 18:47

Date reviewed: 2014-07-03 19:00

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This study have been undertaken to describe the CT findings of appendiceal diverticulitis and to determine if appendiceal diverticulitis can be differentiated from usual acute appendicitis using computed tomography. Results have been demonstrated that in patients who had undergone appendectomy, 9.7% had appendiceal diverticulitis. Patients with appendiceal diverticulitis had different clinical features and CT findings from patients with acute appendicitis. 1. In the discussion section the authors have been stated that " . Second, our results revealed several clinical characteristics that may assist in the diagnosis of appendiceal diverticulitis, such as older age, longer duration of symptoms, higher rate of perforation, and higher incidence of localized abscess " However these findings previously reported by other investigators. These are not new findings. Therefore the statement should be revised and these findings should be discussed. 2. Language needs minor revisions.

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 12280

Title: Clinical and computed tomography findings of appendiceal diverticulitis vs. acute appendicitis

Reviewer code: 00504187

Science editor: Yuan Qi

Date sent for review: 2014-06-30 18:47

Date reviewed: 2014-07-03 22:51

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

In this study the authors found appendiceal diverticulitis, until now considered a rare finding, to be present in unexpected percentage in patients with symptoms of acute appendicitis. Although this conclusion may be noteworthy, it is doubtful that the management and outcome of patients suffering this condition may be influenced: it appears that an early diagnosis of appendiceal diverticulitis does not affect time and surgical choice and this issue should be at least mentioned in the discussion. One limit of the study is to be a retrospective one and, considering the incidence of about 10% of appendiceal diverticulitis among those operated for acute appendicitis, a prospective evaluation could be interesting to confirm such elevated percentage. Some topics may be more deeply addressed: ? Is the presence of an appendiceal diverticulum consequent to the same anatomic derangement (i.e. vasa recta) of the colon diverticula? It is probable, considering that in the study only false diverticula were found, but it should be discussed. ? The distinction in diverticula of the distal, middle and proximal third does not seem influent in such a short organ like appendicitis. I would avoid it ? All the CT scans are in a coronal space. Why a transversal plane is not showed? ? The length of surgery (40 min vs 50 min!) and the blood loss can be affected by several factors and I doubt that they could have any relevance to the presence of an appendiceal diverticulum. Do the authors have any particular explanation for this? ? It would be very interesting to have photographs of some specimens with appendiceal diverticula, an important documentation in such types of papers. ? Is the



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longer duration of symptoms before consequent to less severe symptoms during the course of the disease? It should be specified. ? Can the authors give any explanation about the discrepancy between lower white blood cells count and the higher CRP in patients with diverticulitis? In conclusion, while the study seems relatively relevant for the incidence and the diagnosis of appendiceal diverticula, it could be accepted only after several revisions.

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 12280

Title: Clinical and computed tomography findings of appendiceal diverticulitis vs. acute appendicitis

Reviewer code: 00535896

Science editor: Yuan Qi

Date sent for review: 2014-06-30 18:47

Date reviewed: 2014-07-15 23:38

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

1.) In the Introduction part the Phillips criteria are mentioned. An explanation of the classification is needed. 2.) In the DISCUSSION part it is said: "... It is very important for both pathologists and surgeons to consider the possibility of appendiceal diverticulitis and to examine the specimen carefully." ... The question is why it is so important. Is there a therapeutically consequence. 3.) The Conclusion is not significant. The question is there a therapeutically consequence, like a conservative therapy in cases of a sigma diverticulitis. Is an improvement imaging (procedures) constructive (e.g. use of MRI) in patients with such symptoms to select appendiceal diverticulitis from appendicitis patients. Is a differentiation only from scientific interest or is there the possibility to differ patients in patients with a mild diverticulitis (conservative treatment) from those with a severe diverticulitis and appendicitis (surgical treatment).

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 12280

Title: Clinical and computed tomography findings of appendiceal diverticulitis vs. acute appendicitis

Reviewer code: 00537853

Science editor: Yuan Qi

Date sent for review: 2014-06-30 18:47

Date reviewed: 2014-07-18 20:00

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This interesting study is focused on clinical, pathological and radiological characterization of an uncommon but not much rare disease as appendiceal diverticulitis. Some points need to be clarified: - Methods: Authors stated that they "carefully examined the resected specimens in order to distinguish appendiceal diverticulitis from acute appendicitis". As this is a retrospective study, it is unclear if the fixed specimen was re-evaluated in all cases. - Statistical analysis: please check the normal distribution of values of numerical variables before using the mean and the t-test for statistical comparison (if not normally distributed, the median, range and non-parametric tests should be adopted) - Results: was surgically approach (open vs. laparoscopic) similar in the two groups? - Discussion: CT scan is not a first level exam for the diagnosis of acute appendicitis, as it is generally performed in more advanced or clinically doubtful cases. This study, in the evaluation of potential radiological differences in CT imaging, includes retrospectively a group of patients who performed CT scan. As such, a selection bias may have occurred, and should be included in the Discussion as a potential limitation.