

ESPS PEER-REVIEW REPORT

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Title: Acute Appendicitis Following Endoscopic Mucosal Resection of Cecal Adenoma

Reviewer's code: 00504722

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

COMMENTS TO AUTHORS

Summary (based on authors abstract) The authors reported a case of a 53-years-old female who underwent colonoscopy due to a positive fecal occult blood test and diagnosed with cecal adenoma. EMR was performed; and she experienced right-lower abdominal pain 7 hours after surgery. Laboratory tests the following day revealed a WBC count of 16,000/mm³, neutrophil count of 14,144/mm³, and C-reactive protein level of 2.20 mg/dL, indicating an inflammatory response. Computed tomography revealed appendiceal wall thickening and swelling, so acute appendicitis following EMR was diagnosed. Antibiotics were initiated leading to total resolution of symptoms. The patient was discharged on the sixth post-operative day. Pathological analysis revealed a high-grade cecal tubular adenoma. Acute appendicitis following EMR is extremely rare. EMR of cecum may be a rare cause of acute appendicitis. Comments 1. This is an interesting case. There is a recent review on the subject and the authors should include that in the reference (see link below). Acute Appendicitis Following Colonoscopy (Detailed review) Link - <http://crsls.sls.org/wp-content/uploads/2014/11/13-00121-.pdf> 2. "Glycerol was then injected into the submucosal layer." Pt in reference #6 also received similar treatment. The authors in this



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report suggested that "... Glycerol is not thought to cause tissue damage ..." "... Submucosal injection, which elevates the mucosa to be resected and protects the muscularis propria from injury, is believed to reduce thermal injury and the risk of perforation and hemorrhage ..." "Clipping does not appear to influence appendicitis when considering those cases with ours." ... "Therefore, adenoma location is a likely risk factor for appendicitis after EMR." ... "Further, submucosal injection may obstruct the appendiceal orifice and PPCS may lead to appendiceal edema." Is it possible that the "injection" could have occurred outside the bowel wall (thin wall of the cecum, the perpendicular orientation of the scope in relation to the cecal floor) to cause local peritonitis and inflammation, and swelling of the adjacent appendix? Did the authors make a deliberate attempt in approaching the injection site in a tangential rather than a perpendicular fashion? If not, it is worth pointing out the possibility (even though it is a speculation) of injection outside of the bowel wall [see Binmoeller, Journal of Interventional Gastroenterology. see link below) Link - <http://www.jigjournal.org/sites/default/files/113-116%20%20JIG-2014.pdf>