

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 85128

Title: Acute peritonitis secondary to post-traumatic appendicitis: A case report and literature review

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02845080

Position: Peer Reviewer

Academic degree: DNB, FICS, FRCS (Gen Surg), MBBS, MMed, MNAMS, MS

Professional title: Associate Professor, Director, Surgical Oncologist

Reviewer's Country/Territory: Singapore

Author's Country/Territory: Tunisia

Manuscript submission date: 2023-04-13

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-05-22 13:57

Reviewer performed review: 2023-05-22 14:14

Review time: 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

I read with great interest the case report with literature review on traumatic acute appendicitis. I have learned something during this readup and appreciate authors to take effort to report on this important issue that is so common pathology but an uncommon aetiology. The summary of literature gives some learning value to the reported case and i feel this is worthy of publication and hope authors may include my comments and make edits to further enhance the scientific value of this manuscript. 1. The table should have all the full form of the short forms mention as foot note of table 2. The patient was a child and this imaging modality is important for us scan, ct scan, mri scan to be discussed a bit in discussion section - PMID: 34950421 3. Authors should tell how did they manage the stump of the appendix 4. What was the triple antibiotics? Duration? IV duration? oral duration? Did patient develop wound infection? 5. Many units might have considered laparoscopic appendectomy after a CT scan. This could have reduced the long term issues of incisional hernia and post operative adhesions - this is so important in this young child. Some comment is necessary. I am sure local resources do play a role in management decisions and thus while it may not be possible



**Baishideng
Publishing
Group**

7041 Koll Center Parkway, Suite
160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgooffice@wjgnet.com
https://www.wjgnet.com

for authors to manage the same way as i suggest or mention here - but discussion is warranted - PMID - 33173587 6. Did you do right hemicolectomy if the base is unhealthy? Some doctors would do that. Please discuss. 7. One mechanism of perforation in children is omentum is not well formed and thus unable to control the infection well in RIF and hence risk of peritonitis. 8. Can you include more variables in the table to add value. Complicated vs Uncomplicated? Alvarado Score? White cell count? Operated versus not operated? - Some more details in the table would be good to have. ANY mortality? Thanks

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Peer-review model: Single blind

Reviewer's code: 03475120

Position: Editorial Board

Academic degree: FACS, MD, PhD

Professional title: Chief Doctor, Director, Doctor, Surgeon

Reviewer's Country/Territory: Japan

Author's Country/Territory: Tunisia

Manuscript submission date: 2023-04-13

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-05-24 23:52

Reviewer performed review: 2023-05-26 07:35

Review time: 1 Day and 7 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
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Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Some similar artickles had been already reported.

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Title: Acute peritonitis secondary to post-traumatic appendicitis: A case report and literature review

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03656584

Position: Editorial Board

Academic degree: MD, MSc

Professional title: Associate Professor, Associate Specialist, Director, Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: Tunisia

Manuscript submission date: 2023-04-13

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-05-24 11:42

Reviewer performed review: 2023-05-27 08:11

Review time: 2 Days and 20 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
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SPECIFIC COMMENTS TO AUTHORS

The author conducted research and clinical literature review on traumatic appendicitis. This is a very interesting clinical research topic. Traumatic appendicitis is relatively rare in clinical practice. The main reason is how to define trauma as the cause of appendicitis, how to cause it, and how long does it take to cause it? All of these troubles clinical doctors in making a diagnosis of traumatic appendicitis. Therefore, this manuscript has certain guiding significance for clinical practice and has good readability. Has a certain degree of innovation. Pay attention to reducing the length appropriately and avoid writing the discussion section as a literature review. Focus on elaborating on research findings. Suggest publishing after modification.

RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: *World Journal of Clinical Cases*

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Reviewer's code: 03475120

Position: Editorial Board

Academic degree: FACS, MD, PhD

Professional title: Chief Doctor, Director, Doctor, Surgeon

Reviewer's Country/Territory: Japan

Author's Country/Territory: Tunisia

Manuscript submission date: 2023-04-13

Reviewer chosen by: Li Li

Reviewer accepted review: 2023-07-31 02:15

Reviewer performed review: 2023-07-31 02:19

Review time: 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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7041 Koll Center Parkway, Suite
160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
<https://www.wjgnet.com>

statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Revisions seem to be better.

RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Reviewer's Country/Territory: Singapore

Author's Country/Territory: Tunisia

Manuscript submission date: 2023-04-13

Reviewer chosen by: Li Li

Reviewer accepted review: 2023-07-31 00:56

Reviewer performed review: 2023-07-31 03:05

Review time: 2 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous

statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

1. The child fell. Fell on right side. Injured hand. Did he injure abdomen? Was there direct trauma to abdominal wall? Was there pain over abdomen immediate after fall? Did he complain abdominal pain over the next couple of hours after the fall? - this is important as simply otherwise it can be postulated that the child had developed de novo acute appendicitis, this was untreated, it progressed, it perforated, child was unwell and he fell down. Thus the falling incident has to be correlated with caution as an aetiology rather than merely coexisting condition. Authors must make enough details available in case report to eliminate all doubts about this or else this case report cannot be published. 2. Our of Fowler 4 criteria - what about your case - which criteria fulfilled? Please discuss this in discussion segment. 3. You did not suspect appendicitis based on history and tests done. X ray showed possible intestinal obstruction. Ultrasound should pelvic abscess. So your provisional diagnosis MUST be mentioned in case report and not just final diagnosis. In this am i right to read that the final diagnosis was done only after surgery was done? Before surgery you had obstruction as diagnosis? Please make sure that this is clear to readers. 4. Why did you not do laparoscopy? What was the incision - midline? paramedian? horizontal? I say so as it is a morbid approach due to long term risks of adhesions and small bowel obstruction + incisional hernia. So to laparotomize young child is a big issue. Please explain local resources and policies in method section. 5. Discussion segment is a bit weak with no focus on source control importance to reduce morbidity and mortality (PMID: 37480129), missing discussion on non-operative management of appendicitis (PMID: 34950421), occasional need for doing right hemicolectomy in complicated appendicitis patients (PMID: 29796684) (as described in your citation 8 of R Edwards et al) and this should be best avoided in young

patients to preserve ileocecal valve and its physiologic benefits, role of resources and training in minimal access surgery (PMID: 36707879). Thanks