

**ESPS Peer-review Report****Name of Journal:** World Journal of Gastroenterology**ESPS Manuscript NO:** 10650**Title:** Stratification of characteristic CT findings improves diagnostic accuracy in patients with equivocal appendicitis**Reviewer code:** 02829306**Science editor:** Yuan Qi**Date sent for review:** 2014-04-12 19:49**Date reviewed:** 2014-04-21 16:05

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"/> Existed	<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	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input checked="" type="checkbox"/> Major revision

**COMMENTS TO AUTHORS**

The original article is well presented with few flaws as follows- ? One of the major premises of your research article is "appendiceal diameter of 7mm" as a cut off to support the diagnosis of appendicitis. You have now calculated the significance of a cutoff of 6mm in your article. However, most recent articles already use a criterion of 6 mm. To site a few references- 1. New CT Criterion for Acute Appendicitis: Maximum Depth of Intraluminal Appendiceal Fluid. May 2007, Volume 188, Number 5 <http://www.ajronline.org/doi/full/10.2214/AJR.06.1180> 2. CT in appendicitis. Diagnostic and interventional radiology. <http://www.dirjournal.org/text.php3?id=154> 3. The equivocal appendix at CT: prevalence in a control population. Emerg Radiol. Jan 2010; 17(1): 57-61. Please clarify. ? Introduction ..1st para last 6th and 7th sentences - may be rewritten as - Though CT scan improves diagnostic accuracy, there still remain instances when CT has equivocal findings. Over time, several CT features have been described as pointers to the diagnosis of acute appendicitis. 2nd para - 1st line -therefore , we intend to ..... ? Discussion - last page - please state- absence of intraluminal air rather than presence as an indicator for appendicitis ? Images- include an image showing increased wall to wall appendiceal diameter as well