

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 7387

Title: Laparoscopic Treatment of Perforated Appendicitis

Reviewer code: 02549936

Science editor: Su-Xin Gou

Date sent for review: 2013-11-17 08:33

Date reviewed: 2013-11-19 04:47

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input checked="" type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<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)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

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 perforative appendicitis. Look at your paper! Other parts of your text are OK.

ESPS Peer-review Report
Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 7387

Title: Laparoscopic Treatment of Perforated Appendicitis

Reviewer code: 02411099

Science editor: Su-Xin Gou

Date sent for review: 2013-11-17 08:33

Date reviewed: 2013-11-21 04:56

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

COMMENTS TO AUTHORS

Congrats for the complete literature survey and for the thorough exposure of this actual and important issue. 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 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 (Agresta F, Ansaloni L, Baiocchi GL, Bergamini C, Campanile FC, Carlucci M, Cocorullo G, Corradi A, Franzato B, Lupo M, Mandalà V, Mirabella A, Pernazza G, Piccoli M, Staudacher C, Vettoretto N, Zago M, Lettieri E, Levati A, Pietrini D, Scaglione M, De Masi S, De Placido G, Francucci M, Rasi M, Fingerhut A, Uranüs S, Garattini S. Laparoscopic approach to acute abdomen from the Consensus Development Conference of the Società Italiana di Chirurgia Endoscopica e nuove tecnologie (SICE), Associazione Chirurghi Ospedalieri Italiani (ACOI), Società Italiana di Chirurgia (SIC), Società Italiana di Chirurgia d'Urgenza e del Trauma (SICUT), Società Italiana di Chirurgia nell'Ospedalità Privata (SICOP), and the European Association for Endoscopic Surgery (EAES). *Surg Endosc.* 2012 Aug;26(8):2134-64. doi: 10.1007/s00464-012-2331-3. Epub 2012 Jun 27. PubMed PMID:22736283.) This is strictly connected with the positioning of a drain for the aspiration of the residual lavage fluid in



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the first 24 hours postoperatively (which might lower the incidence of IAA in case of insufficient lavage). 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 fur Health Technology Assessment des Deutschen Instituts fur Medizinische Dokumentation und Information (DAHTA@DIMDI) (Hrsg.). Schriftenreihe Health Technology Assessment (HTA) in der Bundesrepublik Deutschland) 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.) conclusions "risks of IAA will not be eliminated by irrigation and routine drainage" I would not be so definitive.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 7387

Title: Laparoscopic Treatment of Perforated Appendicitis

Reviewer code: 00505493

Science editor: Su-Xin Gou

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Date reviewed: 2013-12-03 20:33

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 checked="" type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
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<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

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.