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ESPS Peer-review Report
Name of Journal: World Journal of Gastrointestinal Surgery
ESPS Manuscript NO: 3696
Title: Fulminant Clostridium difficile Infection: An Association with Prior Appendectomy?
Reviewer code: 00227446
Science editor: Gou, Su-Xin
Date sent for review: 2013-05-15 15:09
Date reviewed: 2013-05-24 19:27

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[Y] Grade A (Excellent)	[Y] Grade A: Priority Publishing	Google Search:	[Y] Accept
[ ] Grade B (Very good)	[ ] Grade B: minor language polishing	[ ] Existed	[ ] High priority for publication
[ ] Grade C (Good)	[ ] Grade C: a great deal of language polishing	[ ] No records	[ ]Rejection
[ ] Grade D (Fair)	[ ] Grade D: rejected	BPG Search:	[ ] Minor revision
[ ] Grade E (Poor)		[ ] Existed	[ ] Major revision
		[ ] No records	

COMMENTS TO AUTHORS
I have to congratulate the Authors for this well written paper in a subject which is of interest to all.

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ESPS Peer-review Report
Name of Journal: World Journal of Gastrointestinal Surgery
ESPS Manuscript NO: 3696
Title: Fulminant Clostridium difficile Infection: An Association with Prior Appendectomy?
Reviewer code: 00506591
Science editor: Gou, Su-Xin
Date sent for review: 2013-05-15 15:09
Date reviewed: 2013-06-02 07:39

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[Y] Grade A (Excellent)	[Y] Grade A: Priority Publishing	Google Search:	[Y] Accept
[ ] Grade B (Very good)	[ ] Grade B: minor language polishing	[ ] Existed	[ ] High priority for publication
[ ] Grade C (Good)	[ ] Grade C: a great deal of language polishing	[ ] No records	[ ]Rejection
[ ] Grade D (Fair)	[ ] Grade D: rejected	BPG Search:	[ ] Minor revision
[ ] Grade E (Poor)		[ ] Existed	[ ] Major revision
		[ ] No records	

COMMENTS TO AUTHORS

1. Unique design, I like the theory and the study. 2. I think the hospital where the study was performed should be listed in the methods. It was not. Not sure if this was accidental or not 3. Can the authors comment on recurrent CDI versus the initial episode of CDI. If there theory that the native flora of the appendix impacts CDI, there should be an association with recurrent infection. Whether there is enough power to demonstrate significance is unclear 4. Clean up the discussion. There are 3 paragraphs on appendectomy background info. A lot of this does not seem applicable to me. 5. Treatments of CDI prior to colectomy should be commented on. I think this is an important issue. 6. The PDF has an "Error bookmark not defined" error on page 7. FYI 7.

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ESPS Peer-review Report
Name of Journal: World Journal of Gastrointestinal Surgery
ESPS Manuscript NO: 3696
Title: Fulminant Clostridium difficile Infection: An Association with Prior Appendectomy?
Reviewer code: 00070061
Science editor: Gou, Su-Xin
Date sent for review: 2013-05-15 15:09
Date reviewed: 2013-06-05 11:57

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[ ] Grade A: Priority Publishing	Google Search:	[Y] Accept
[Y] Grade B (Very good)	[Y] Grade B: minor language polishing	[ ] Existed	[ ] High priority for publication
[ ] Grade C (Good)	[ ] Grade C: a great deal of language polishing	[ ] No records	
[ ] Grade D (Fair)		BPG Search:	[ ]Rejection
[ ] Grade E (Poor)	[ ] Grade D: rejected	[ ] Existed	[ ] Minor revision
		[ ] No records	[ ] Major revision

COMMENTS TO AUTHORS

The relationship between incidence of clostridium difficile infection and appendectomy has not been clearly defines as yet. There is conflicting literature in this regard with atleast 2 studies which suggest that appendectomy may play a protective role in development of CDI (Im GY et al. CGH 2011 and Fuji L et al. Am J Gastroenterol 2010). On the other hand, there is another study by Merchant et al in J Clin Med Res 2012 which claimed the contrary. More recently, Khanna and Pardi in Am J Gastroenterol 2013 reported a population based study of 355 patients in Olmstead county, MN and inferred that appendectomy is not associated with adverse outcomes in CDI. Hence this is a field of growing literature, and the present study deserves a place due to this reason. The limitations of the study, ofcourse, have been rightly listed by the authors, but I feel the novelty of their data is because precise determination of prior appendectomy was based on pathologic specimens and not on patient recall. Overall, the data has been written and formatted well, and I have no specific criticisms against publication of this study. I feel this study will be a useful addition to available literature in this growing field.