BAISHIDENG PUBLISHING GROUP INC
8226 Regency Drive, Pleasanton, CA 94588, United States
Telephone: +1-925-223-8242 Fax: +1-925-223-8243
E-mail: bpgoffice@wjgnet.com http://www.wjgnet.com

ESPS Peer-review Report
Name of Journal: World Journal of Nephrology
ESPS Manuscript NO: 9925
Title: Epiploic appendagitis in a patient on peritoneal dialysis: a case report and review of literature
Reviewer code: 00503199
Science editor: Ling-Ling Wen
Date sent for review: 2014-03-04 20:27
Date reviewed: 2014-03-07 02:41

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

COMMENTS TO AUTHORS
Just provide unit measurements for CRP (mg/dL or mg/L?)

BAISHIDENG PUBLISHING GROUP INC
8226 Regency Drive, Pleasanton, CA 94588, United States
Telephone: +1-925-223-8242 Fax: +1-925-223-8243
E-mail: bpgoffice@wjgnet.com http://www.wjgnet.com

ESPS Peer-review Report
Name of Journal: World Journal of Nephrology
ESPS Manuscript NO: 9925
Title: Epiploic appendagitis in a patient on peritoneal dialysis: a case report and review of literature
Reviewer code: 02735839
Science editor: Ling-Ling Wen
Date sent for review: 2014-03-04 20:27
Date reviewed: 2014-03-25 20:36

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

COMMENTS TO AUTHORS

1. The last sentence of the introduction can be omitted because is information is redundant compared to the information of the whole introduction. 2. Please provide the information of the units in which the elevated CRP of 16 has been measured. What is the normal range. 3. According the patients history, the title of the case report should be changed in "Recurrent epiploic appendagitis….." 4. CRP …..67 units per ? 5. Please comment on the results of the (2nd) clinical and abdominal examination of the patient? 6. Were there any signs of peritonitis? 7. Why didn't you do a culture or a white blood cell count of the peritoneal fluid? 8. Was the second CT-scan performed as contrast enhanced? Please comment on that. The discussion is nicely written but I have some proposals for the authors: 1. The sentence ". The presence of pneumoperitoneum visible in erect chest-x-ray and CT scan may not be sensitive …." can be omitted because a pneumoperitoneum is not a leading symptom of an epiploic appendagitis. 2. In the case presentation, the authors have written that the patient presented " two weeks later" but in the discussion I have read that the laparoscopy was performed with a 6 week delay. Please comment on that. 3. What was the reason to perform only an adheasiolyis? Why has the epiploic appendagitis not been removed? Clinical manipulation may also lead to a third episode of an appendagitis especially in patients with PD and without 100% immuno-competence. 4. Please comment in one or two sentences, why an undiagnosed peritonitis in PD patients (caused by bowel perforation or EA and not catheter associated peritonitis) is disastrous for PD patients. 5. Please comment on one other possible complication of an epiploic appendagitis adherent to the abdominal wall (strangulation, ileus, torsion of the small intestine, catheter problems). All in all, the authors present a nicely written case report of a topic which is in my opinion often undiagnosed in both, healthy and PD patients.