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**Name of journal**    *World Journal of Clinical Cases*  
**Manuscript NO**    78979  
**Title**                Effect of the COVID-19 Pandemic on Patients With Presumed  
                                Diagnosis of Acute Appendicitis  
**Authors**            Sami Akbulut, Adem Tuncer, Zeki Ogut, Tevfik Tolga Sahin,  
                                Cemalettin Koc, Emek Guldogan, Ertugrul Karabulut, Elif Seren  
                                Tanriverdi, Ali Ozer

Dear editor in Chief of World Journal of Clinical Cases

We would like to thank all the reviewers and editors for their contributions to our manuscript. We believe that our article increased significantly with these comments. Our study showed that incidence of acute appendicitis increased during the pandemic period. Reasons for these are discussed in the guidance of current literature. We must emphasize that this must be an area of research and immune mechanisms underlying this phenomenon should be analyzed. Furthermore, perforation rates were shown to be increased in our study which is also analyzed. Furthermore, our study confirmed that surgery and especially laparoscopic surgery could be performed in the management of acute appendicitis in the pandemic era. For these reasons, our article has some striking results that will contribute to the literatu

We hope that you will consider publication of our study in World Journal of Clinical Cases. We hope to hear from you soon,

Sincerely Yours

**Correspondence to:**

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### **COMMENT FROM EDITOR IN CHIEF**

I recommend the manuscript to be published in the World Journal of Clinical Cases. Before final acceptance, when revising the manuscript, the author must supplement and improve the highlights of the latest cutting-edge research results, thereby further improving the content of the manuscript. To this end, authors are advised to apply a new tool, the Reference Citation Analysis (RCA). RCA is an artificial intelligence technology-based open multidisciplinary citation analysis database. In it, upon obtaining search results from the keywords entered by the author, "Impact Index Per Article" under "Ranked by" should be selected to find the latest highlight articles, which can then be used to further improve an article under preparation/peer-review/revision. Please visit our RCA database for more information at: <https://www.referencecitationanalysis.com/>.

### **RESPONSE**

We thank the editor in chief for the recommendation. We have checked the RCA website and we are including the list of high impact articles with our mail. We have used some of these articles that contributes to our results in the highlights section.



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#### **COMMENT FROM SCIENCE EDITOR**

The manuscript has been peer-reviewed, and it's ready for the first decision.

Language Quality: Grade C (A great deal of language polishing)

Scientific Quality: Grade C (Good)

#### **RESPONSE**

We would like to thank the Science editor for the comments.

**Reviewer ID:** 06254518

**Scientific Quality:** Grade C (Good)

**Language Quality:** Grade C (A great deal of language polishing )

**Conclusion:** Minor revision

#### **SPECIFIC COMMENTS TO AUTHORS**

In this study, the authors compare two clinical case series of suspected appendicitis before and after the arrival of COVID-19 in Turkey. Suggestions: - Some authors have hypothesized that systemic inflammation secondary to COVID-19 may be a cause of acute abdomen mimicking acute appendicitis. In children, there are reports of absence of intraoperative findings of appendicitis in patients with suggestive symptoms. In this study, there was a significant difference in positive histopathological findings in the COVID period. I suggest discussing this finding. - The authors report a higher proportion of perforation, but fewer open procedures, and both results reached statistical differences. Please provide a possible explanation of this phenomenon or check the accuracy of the results. - It is important to report how many patients tested positive for SARS-CoV-2 at admission as well as how many became positive during hospitalization. Consider if COVID-19 could be a cause of a difference in length of stay. Report the evolution of patients with COVID-19, if any, including the incidence of



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complications. - Authors use the variable “surgery time” with two different definitions (daytime/nighttime) and (weekdays/weekends) I suggest using different variables or to merge all the results into the same row in Table 1. - Time between the start of abdominal pain and hospital admission was obtained by a telephone interview. The pre-COVID period in this work was between 2018 and 2020. A significant recall bias is presumed. Consider omitting these observations or obtaining them from the files. - If human or physical resources could have an impact on the care of patients requiring surgery in your hospital during the COVID period I suggest discussing this point briefly. - Consider summarizing the discussion section to make it more punctual and easier to read. - There are spelling, grammar, and typographical errors, please double-check. Most of the issues are in article usage and verb forms.

## RESPONSE

We would like to thank the reviewer for the critiques. We tried to discuss MIS-C and association with acute appendicitis in the discussion section. Furthermore, we have also emphasized that mode of abdominal (open versus laparoscopic) access has no relevance with regard to disease transmission. At this point, we must emphasize that presence of perforation does not affect the mode of access. Therefore, the critiques of the reviewer regarding our results showing increased perforation rate and decreased laparotomy rates have no relevance. Regarding the recall bias, we have added the limitations of our study before the conclusion statement. Furthermore, we have discussed the reasons for perforated appendicitis in the discussion section. All these are tagged in red.

Unfortunately, SARS-Cov-2 infection rates in pre-and postoperative period are not available. We have also added this point to the limitations of our study.

Regarding the surgery during different shifts is a matter of health care services in Turkey. Majority of all emergency procedures are performed during the night-shifts



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and weekends. These shifts are especially important because the staff resources are limited and hospital resources are overwhelmed. We believed that this may have had an impact on the management of acute appendicitis during the two the study periods. However, this did not show any difference. Which means our surgical team spent a great effort to treat acute non-COVID conditions same as the pre-COVID period.

**Reviewer ID:** 04611317

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

### **SPECIFIC COMMENTS TO AUTHORS**

The overall scientific content is acceptable but there are many points of the English grammar to be polished such as "severe acute respiratory distress syndrome - coronavirus 2" should be "severe acute respiratory syndrome coronavirus 2", "have lead to increased complication rates" should be "have led to increased complication rates", "were excluded form our study [23, 24]" should be "were excluded from our study[23, 24], etc. The citation format is not correct. The reference format is not correct. There should be 1 figure to highlight the significant results.

### **RESPONSE**

We thank the reviewer for the positive criticism. We have made the grammatic changes that you have requested. Furthermore, we have checked the manuscript thoroughly for the English language. All the corrections are tagged red. The citation style has been corrected and also the reference style has been corrected as well. Regarding the suggested figure, one figure cannot summarize the significantly



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different and diverse data in our study. Therefore, we believe that two tables summarizing major points would be more concise.

**Reviewer ID:** 04611317

Scientific Quality: Grade C (Fair)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

#### **SPECIFIC COMMENTS TO AUTHORS**

There are substantial points to be corrected: 1. "Coronavirus Infectious Disease 2019 (COVID-19)" should be "Coronavirus Disease 2019 (COVID-19)". 2. "corona virus (nCoV)" should be "coronavirus (nCoV)". 3. "dmissions to our tertiary care hospital for AAp" should be "Admissions to our tertiary care hospital for AAp". 4. "(OR: 1.76; P = 0.018), presence of AAp findings in ultrasonography (OR; 15.4; p<0.001)" should be the same format of the whole manuscript. 5. "disease was renamed as the COVID-19 [1-5]" should be "disease was renamed as the COVID-19[1-5]" and for all citations. 6. "In January 30th 2020, World Health Organization" and "on March 11, 2020." are not the same format. 7. "guidline was utilized to assess" should be "guideline was utilized to assess". 8. "patients (72.7 %) were operated at weekend" should be "patients (72.7%) were operated at weekend". 9. "psychological and social well being of " should be "psychological and social well-being of". 10. "COVID-19 and AAp " should be ""COVID-19 and AAp". 11. "WBC cound in patients with AAp" should be "WBC count in patients with AAp". 12. "The main concern of the physcians" should be "The main concern of the physicians". and more points to be corrected. The authors do not highlight the changing point as mentioned in the Answering Reviewers's letter. Could you please careful check the whole manuscript again before submit to reviewer?



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## RESPONSE

We would like to express our gratitude for the reviewer's valuable warnings and positive contributions. In line with their suggestions, we made the necessary changes and revisions.