

## SPECIFIC COMMENTS TO AUTHORS

A well written article. Why CT scan was not performed to the patient? It is essential to discuss the role of CT scan in diagnosis of such cases (the patient stayed for four days until she was diagnosed to have of a gangrenous perforated appendix)

Answer reviewer: In this paper, we present a unique report of a woman with a viable transplanted uterus graft suffering from *Clostridium difficile* colitis and AA. The differential diagnosis in an immunosuppressed patient may be complex, and a high index of suspicion of atypical course and indefinite symptomatology of acute abdomen should be maintained in immunosuppressed patients. Sometimes, more than one synchronous pathological condition may be present. In transplanted patients, thrombosis of the vascular pedicles must always be excluded if pain or alteration to the graft's function occurs. UTx recipients should preferentially focus on achieving successful embryo transfer because they are prone to a variety of complications.

Discussion was changed to address the comments of the reviewer, i.e. why did we not use CT upon admission.

1. The manuscript was formatted according guidelines to 12 pt Book Antigua and 1.5 line spacing with ample margins
2. The running title was set.
3. Author contributions were provided.
4. Audio core tip was recorded and provided
5. Brackets were provided to the references in the text
6. The case report was reorganized according the template provided.
7. Discussion was changed to address the comments of the reviewer, i.e. why did we not use CT upon admission.
8. Figures were provided in one slide of PPT presentation.

In case of any other changes to be made, please do not hesitate to contact me at [krsj@ikem.cz](mailto:krsj@ikem.cz). Thank you in advance.

Yours sincerely

Jakub Kristek, MD