

September 8, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 3935-editedfinal marked.doc and unmarked.doc).

Title: Acute appendicitis: what is the gold standard of treatment?

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Name of Journal: *World Journal of Gastroenterology*

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The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

The management of normal appendix at laparoscopy, diagnosis of acute appendicitis and conservative management of acute appendicitis have been discussed in the paper with two new paragraphs

- the abstract has been changed.

OA vs LA. The following paragraphs were eliminated:

"An interesting survey at Seoul University compared two groups of patients, homogeneous in demographics, who underwent LA and OA respectively. Time to first flatus and to bowel motility were not significantly different between the two groups, though the length of hospital stay was significantly shorter in the LA group (3.37 ± 0.12 days in the LA group vs 3.83 ± 0.12 days in the OA group)[4].

According to another recent study, in the perioperative period, time to liquid and solid intake are significantly earlier in LA than in OA ($P = 0.0005$ vs $P \leq 0.0001$, respectively). The duration of use of both parenteral and oral analgesics does not differ significantly among the two surgical techniques, but the number of doses required is significantly lower in LA than in OA ($P < 0.00001$ vs $P = 0.009$ respectively)[4].

No significant difference in the resumption of peristalsis between the two groups was probably due to the fact that appendectomy is considered a minor operative procedure, unable to significantly affect normal recovery of gastrointestinal motility and to promote an enduring postoperative ileus."

The following sentence was added

“Many comparative studies have already demonstrated the advantages of LA over OA in terms of length of hospital stay, use of postoperative analgesics and earlier return to work[4]. The most controversial issues of these studies have been taken into consideration.”

- The following phrase was added “...although irrigation as a cause of IIA is yet controversial.”

- Laparocoele was changed to incisional hernia

- The phrase “Therefore, another advantage of LA is a reduction of postoperative adhesions, which may be responsible for late bowel obstruction” was deleted. The following phrase was added *Therefore, LA seems to be associated with an easier second-look procedure and a minor infertility rate due to less adhesions* [Lehmann-Willenbrock E, Mecke H, Riedel HH. Sequelae of appendectomy, with special reference to intra-abdominal adhesions, chronic abdominal pain, and infertility. *Gynecol Obstet Invest* 1990;**29**:241-245 [PMID: 2361629]].

SUSPECTED APPENDICITIS

The sentence “As far as pregnant women are concerned, there is still not a complete agreement regarding laparoscopy. The latest studies, although recommending the second trimester as the best period to undergo LA, do not exclude LA for the other trimesters, considering both the relative benefits and the risk for the fetus^[16].” was deleted. The sentence “LA may be performed safely in pregnant patients with appendicitis according to the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) guidelines [Pearl J, Price R, Richardson W, Fanelli R; Society of American Gastrointestinal Endoscopic Surgeons. Guidelines for diagnosis, treatment, and use of laparoscopy for surgical problems during pregnancy. *Surg Endosc.* 2011;**25**:3479-3492. doi: 10.1007/s00464-011-1927-3. PMID: 21938570]” was added.

The following sentences were added: *Morino et al evaluated, in a prospective, randomized, single-institution trial, the role of early laparoscopy in the management of nonspecific abdominal pain (NSAP) in young women. NSAP was defined as an abdominal pain in right iliac or hypogastric area lasting more than 6 hours and less than 8 days, without fever, leukocytosis, or obvious peritoneal signs and uncertain diagnosis after physical examination and baseline investigations including abdominal sonography. Patients were randomly assigned to early (<12 hours from admission) laparoscopic group or to clinical observation group. Compared with active clinical observation, early laparoscopy did not show a clear benefit in women with NSAP. A higher number of diagnosis and a shorter hospital stay in the laparoscopic group did not lead to a significant reduction in symptoms recurrences at 1 year* [Morino M, Pellegrino L, Castagna E, Farinella E, Mao P. Acute nonspecific abdominal pain: A randomized, controlled trial comparing early laparoscopy versus clinical observation. *Ann Surg.* 2006 Dec;**244**(6):881-6; discussion 886-8. PMID: 17122613] .

-STUMP Interval appendectomy was removed from the text.

-CHRONIC APPENDICITIS this chapter has been removed

LA vs OA: the following sentence was added: "*Recently, one study found that predicted costs for LA were 1,856 US\$ lower than for OA while the postoperative complication rate did not differ significantly* [Haas L, Stargardt T, Schreyoegg J. Cost-effectiveness of open versus laparoscopic appendectomy: a multilevel approach with propensity score matching. Eur J Health Econ 2012;13:549-560. [PMID: 21984223 DOI: 10.1007/s10198-011-0355-6]"

SILS: The following reference was added: Perez EA, Piper H, Burkhalter LS, Fischer AC. Single-incision laparoscopic surgery in children: a randomized control trial of acute appendicitis. Surg Endosc 2013;27:1367-1371. [PMID: 23239295 DOI: 10.1007/s00464-012-2617-5.]

CONCLUSIONS have been changed as follows: "*Patient selection is important in both LA and OA. LA is the preferred approach in immunocompromised, obese and elderly patients. LA presents longer operative time, but also a shortening of hospital stay, a better and earlier recovery and return to everyday occupations and to work and, last but not least, a better cosmetic result.*"

3 References and typesetting were corrected

The manuscript was reviewed by an English native teacher Jean Jimenez, Researcher of English Language and Linguistics at the University of Calabria (jimenez@unical.it).

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,
Cesare Ruffolo