Format for ANSWERING REVIEWERS

April 12, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 9925-review.doc).

Title: Recurrent epiploic appendagitis and peritoneal dialysis: case report and literature review

Author: Badri Shrestha, James Hampton
Name of Journal: *World Journal of Nephrology*

ESPS Manuscript NO: 9925

Thank you for considering to publish our manuscript on immune monitoring post liver transplant. We appreciate the helpful comments of the reviewers. 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

(a) Reviewer 00503199

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

We thank the reviewer for their positive commentary regarding the manuscript. The unit for the measurements for CRP is provided in mg/L.

(b) Reviewer 02735839

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.

We thank the reviewer for helpful comments and suggestions. All suggestions made by the reviewer are incorporated in the manuscript.

(1) The last sentence of the introduction is omitted.
(2) The unit for CRP and the normal range is provided.
(3) The title of the manuscript is changed to "Recurrent appendagitis and peritoneal dialysis - a case report and literature review" to limit the number of words to less than 12.
(4) Unit for CRP provided.
(5) and (6) The results of clinical examination on second admission is updated.
(7)The culture of PD fluid was sterile.
(8) The suggestion made by the reviewer for the discussion section is incorporated in each section.
(9) All changes made on the manuscript is typed in red letters.

3. References and typesetting were corrected.

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

Sincerely yours,

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