

**Review Form 1.7**

Journal Name:	<b>Asian Journal of Case Reports in Surgery</b>
Manuscript Number:	<b>Ms_AJCRS_109759</b>
Title of the Manuscript:	<b>A Rare Case of Appendiceal Intussusception Secondary to Low-Grade Mucinous Neoplasm: A Case Report</b>
Type of the Article	<b>Case study</b>

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**PART 1: Review Comments**

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<p><b>Compulsory</b> REVISION comments</p> <ol style="list-style-type: none"> <li>1. <b>Is the manuscript important for scientific community?</b> (Please write few sentences on this manuscript)</li> <li>2. <b>Is the title of the article suitable?</b> (If not please suggest an alternative title)</li> <li>3. <b>Is the abstract of the article comprehensive?</b></li> <li>4. <b>Are subsections and structure of the manuscript appropriate?</b></li> <li>5. <b>Do you think the manuscript is scientifically correct?</b></li> <li>6. <b>Are the references sufficient and recent? If you have suggestion of additional references, please mention in the review form.</b></li> </ol> <p><b>(Apart from above mentioned 6 points, reviewers are free to provide additional suggestions/comments)</b></p>	<ol style="list-style-type: none"> <li>1. <b>Yes.</b></li> <li>2. <b>Yes.</b></li> <li>3. <b>Yes.</b></li> <li>4. <b>Yes.</b></li> <li>5. <b>Yes.</b></li> <li>6. <b>Yes.</b></li> </ol> <p>The pre-operative presentation of the case is unsatisfactory. Information is missing on the characteristics of the pain - sudden or gradual onset, constant or colicky, where did the pain started, did it refer to another area, was it first attack or there were previous occurrences, was there a relationship with menses, defecation and urination. Physical examination did not note the two most important signs of the presence of acute abdomen, i.e. muscle guarding and rebound tenderness. All these data should be discussed in the Discussion section and it should be emphasized whether this pathology differs in any way from the typical clinical picture of acute appendicitis or not. It is clear from the presentation that this was a typical case of acute appendicitis, and hence the question follows: What necessitated the use of sophisticated image methods of diagnosis, which anyway would not change the treatment plan, which is undoubtedly appendectomy. Moreover, the clinical picture and imaging studies clearly showed that it was an inflammatory process limited to the right lower quadrant. Then what made it necessary to open the abdomen with a lower midline laparotomy, and not with the classic McBurney incision, which, if necessary, could be adequately extended in the required direction? I think the initial midline laparotomy was a tactical error which posed a risk of full thickness dehiscence after the planned relaparotomy made through the same incision (burst abdomen) and/or incisional hernia later, as well as operating in a hostile abdomen due to immature adhesions only one month after the initial operation.</p> <p>Did you invaginate the appendicular stump into the cecum by a purse string suture? Was the cecum inflamed? If yes, please discuss that this is not recommended, instead the stump should be left as it is.</p> <p>There are some word repetitions and should be avoided.</p>	
<p><b>Minor</b> REVISION comments</p> <ol style="list-style-type: none"> <li>1. <b>Is language/English quality of the article suitable for scholarly communications?</b></li> </ol>	<ol style="list-style-type: none"> <li>1. <b>Yes.</b></li> </ol>	
<p><b>Optional/General</b> comments</p>	<p><b>There are some word repetitions and should be avoided.</b></p>	

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**PART 2:**

	<b>Reviewer's comment</b>	<b>Author's comment</b> <i>(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</i>
<b>Are there ethical issues in this manuscript?</b>	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	

**Reviewer Details:**

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