

Review Form 1.7

Journal Name:	Asian Journal of Case Reports in Surgery
Manuscript Number:	Original Manuscript_AJCRS_117926
Title of the Manuscript:	A Case of a Giant Appendiceal Mucocele
Type of the Article	

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<https://www.journalajcrs.com/index.php/AJCRS/editorial-policy>)

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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>Compulsory REVISION comments</p> <ol style="list-style-type: none"> 1. Is the manuscript important for scientific community? (Please write few sentences on this manuscript) 2. Is the title of the article suitable? (If not please suggest an alternative title) 3. Is the abstract of the article comprehensive? 4. Are subsections and structure of the manuscript appropriate? 5. Do you think the manuscript is scientifically correct? 6. Are the references sufficient and recent? If you have suggestion of additional references, please mention in the review form. <p><u>(Apart from above mentioned 6 points, reviewers are free to provide additional suggestions/comments)</u></p>	<ol style="list-style-type: none"> 1. Yes, the manuscript is important for the scientific community because it adds to the information gathered regarding an uncommon appendiceal pathology - appendiceal mucocele (AM) - that has clinical and imaging features that can confuse the clinicians and lead to diagnostic delays and/or improper treatment. The attached iconography increases the educational value of the manuscript. 2. The title should be reformulated highlighting the clinical context in which the underlying disease – ulcerative colitis – is a key feature. I suggest “Giant appendiceal mucocele in a patient with inflammatory bowel disease”. 3. The abstract should also be reformulated. The phrase describing the case should contain a reference to the inflammatory bowel disease of the patient. The phrases “A high index of suspicion...” and “Preoperative diagnosis is important...” duplicate the information given and should be merged into a single phrase. 1-2 phrases should be added about the surgical options in the case of AM. 4. The structure and subsections of the manuscript are appropriate. 5. Overall, the manuscript is scientifically correct. The case description is adequate, and the discussion follows a scientifically-sound script regarding the clinical presentation of AM, the diagnosis and the treatment options. However the following items should be addressed/reformulated: <ol style="list-style-type: none"> a. in the discussion section no reference is made to the underlying ulcerative colitis of the patient and the possible relation between this and the AM. b. The intraoperative decision to perform an extended right colectomy is not sufficiently justified since neither the size of the appendix nor the hinted potential complications (which ones? – one has to assume that the authors are referring to the risk of rupture but the colectomy doesn't reduce the risk of appendiceal rupture and the additional risks of a colectomy as compared to appendectomy seem to be obviated) are per se absolute. In the case presentation none of the described features (endoscopic aspect and biopsies, the lack of suspicious signs on the CT scan such as free/loculated peritoneal fluid, intramural appendiceal nodules, enlarged lymph nodes) suggests the need to perform a colectomy. The authors should specify if the final decision was motivated by any intraoperative visual/palpatory data such as involvement of the caecum, the impossibility to preserve the ileocaecal valve in the case of opting for a caecal resection, the detection of suspicious lymph nodes, etc. Actually they cite such factors toward the end of the Discussion (the paragraph starting with “Dhage-Ivatury and Sugarbaker...”) but none of them seems applicable to their case. 6. Reference 3 is not adequate for the description of age at presentation – it presents only 8 clinical cases and is from 1992. It should be substituted by a different one, with a larger population. I suggest and attach the following article: https://doi.org/10.1177/000313481808400237 A reference should be added and the discussion should include the relation between inflammatory bowel disease (underlying disease of the patient) and AM. I suggest and attach the following article: doi: 10.3390/jcm13010191 	
<p>Minor REVISION comments</p> <ol style="list-style-type: none"> 1. Is language/English quality of the article suitable for scholarly communications? 	<p>Overall, the language quality is acceptable but some revision is needed.</p>	

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Optional/General comments		
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PART 2:

	Reviewer's comment	Author's comment <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>
Are there ethical issues in this manuscript?	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	

Reviewer Details:

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