Author's response to reviews

Title: Short term and long term results after open vs. laparoscopic appendectomy in childhood and adolescence A subgroup analysis

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Response Point to Point

Dear Editor,

We are very happy about the positive evaluation of our manuscript and hope to sufficiently answer / respond to the reviewers’ recommendations. The reviewers’ recommendations are shown in italics prior to our response.

First Reviewer (S.D.):

*The paper and study is OK, but it is necessary to shorten text, especially abstract (250 words?!) and Discussion,*

Response: The abstract was shortened to less than 200 words (page 2). The discussion was also shortened; especially the part of the early postoperative results (page 9). This was also requested by reviewer 3. (More comments see: Third Reviewer).

*because there are very often repetition of sentences, for example:Seven years after surgery…. In Background and again In the Patients and methods.*

*I would delete in the Background because it is the method*

Response: The repetitive sentences were revised and/or deleted (page 2 and page 3).

*In conclusion of Abstract, the last sentence is necessary to delete : To our knowledge this is the first study evaluating postoperative quality of life*….

*It is the matter of style!*

Response: The last sentence of the Conclusions section was deleted (page 2).

Second Reviewer (O.M.)

*This is a 7 year follow up and comparison of a robust number of pediatric patients who either underwent open or laparoscopic appendectomy by the same group of surgeons. The strengths of the study are the relatively large study cohort, the long follow-up time, and the relatively good recall rate. The disadvantages include the lack of randomization, the use of a possibly non-validated (?) questionnaires, and non-validated scar assessment*

Response: The deficits of this study – highlighted by the reviewer – are well known to the authors. Unfortunately these cannot be taken out of the assessment but are in our opinion discussed in the Discussion section in a critical style (page 10, line 24-27, line 31-34; page 11, line 14-18).
Abstract: In the first paragraph, I would change the introduction to “Although laparoscopic appendectomy is becoming standard of care in many places, there is still debate about the long-term advantages in terms of quality of life.”

Response: The introduction of the Abstract section was changed with shorting the abstract (page 2).

In the Surgical procedure section, page 4, I don’t think the statement can be made that selection bias was reduced because each of the surgeons performed both LA and OA. Since the mode of operation was arbitrarily decided upon by the surgeon and not randomized, it could have been that the surgeons performed OA in the sicker patients, or at night when equipment or the team was not available. I would leave this sentence out

Response: The sentence was deleted. For clarification we added “… that all surgeons performed both kinds of operation.” (page 4, line 2).

It doesn’t seem practical to categorize the appendicitis by 4 different stages. I would combine them into either simple appendicitis or complex (perforated) appendicitis, and other diagnoses such as ovarian pathology. This is what most researchers do nowadays.

Response: The categorization of the appendicitis was shortened and improved due to the recommendations of the reviewer (page 4; page 7, line 12-13).

Is the SF-36 a validated, standardized questionnaire? In this case, it should be referenced. This would greatly increase the power and generalizability of this study.

Response: Bullinger et al. could show that SF-36 questionnaire is applicable for patients from 14 years on. Since the majority of followed up patients has been far older than 14 years (and only 4 patients under 14 years) the author decides to apply SF-36 as tool of choice. References were included into the text (page 10, line 3 and 4).

Comment of the authors: An alternative would have been the CHQ-questionnaire. Since it is still under debate which tool is the most appropriate assessment we stayed with SF-36 (please see also: www. SF-36.org/faq; A community for measuring health outcome using SF tools)

The ethics section can probably be shortened and condensed to the statement that standard ethics procedures of the hospital were followed and informed consent of the participants was obtained.

Response: The Ethic section was changed following the very constructive recommendations of the reviewer (page 6, line 31-34).

In Short Term Results, I would simply state that the conversions were due to technical difficulties during the procedure, and not “necessary” because of peritonitis (not a universally accepted criterion for conversion) or because the
situation could not be "handled" laparoscopically (perforation is usually not a reason for conversion with experienced surgeons who have done more than 100 lap appendectomies).

Response: The conversion was revised according to the very supportive remarks of the reviewer (page 7, line 4-8).

Table 2 describes "port intussusception". I am unfamiliar with this term. Do the authors mean "port site hernia"? If so, I would suggest the latter, more common term.

Response: Term „port intussuseption“ was changed in “port side hernia” (Table 2). This was an excellent recommendation of the reviewer.

Third Reviewer (H.W.)

In fact, there have been many studies focusing on comparison between open and laparoscopic appendectomy for children. So, the short term result in the manuscript is lack of originality.

Response: We totally agree that there are a large number of studies comparing laparoscopic and open appendectomies. Short-term results were never the focus of this manuscript and within this review process we shortened the respective part of the manuscript. Postoperative quality of life very much depends on the results of the primary operation. Even operating time and postoperative SSI are influencing the QoL. This is the reason why it was important to the authors to present these primary results in order to enable a comparison to other studies and to provide the possibility to put those into the context.

The long term result after open or laparoscopic appendectomy manuscript is dependent on questionnaire. In this manuscript, SF36 is applied to in the evaluate quality of life of children and adolescents after appendectomy. However, the reliability of SF36 and similar questionnaires for children is doubtable especially for school-age children, who might be unable to understand what the questionnaire means clearly. Authors should list evidence or related references to support the reliability of SF36 for children.

Response: The validity of the SF-36 questionnaire was supported by two references according to the recommendation of the reviewer (page 10, line 3 and 4). Furthermore, we would like to refer to our response to reviewer 1 who basically recommended the same. Additionally we added „adolescence“ to the title of the manuscript to meet the requirements of the study population in this range of age.

The authors appreciate the reviewers’ comments and remarks and hope that we were able to fulfil the requirements. We re-formatted the manuscript according to the instructions to the authors.

In case of questions please do not hesitate to contact us.
Best regards in the name of all authors
Matthias Kapischke