Author's response to reviews

Title: Appendix duplication in an adult patient with appendix perforation A case report

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Emel Canbay and Emel Akman

Dear Editor,

First of all, I would like to send my sincere appreciation on behalf of myself and Dr Emel Akman for considering the publication of our work at your journal. We have made the revisions. We are sending the manuscript as attached files.

We are looking forward to hearing from you

Sincerely yours,

Emel Canbay MD, PhD

Corresponding author
General:
  1- Linguistic improvement is essential.
     A1. Linguistic improvement was provided.
  2- Only the resected specimens have been presented. To clearly document the
    anomaly, preoperative images (US or CT) or intraoperative images are required (if
    possible).
     A2. This operation was done at Agri-Patnos State Hospital nearby Iranian border,
     during my compulsory duty and permission of the patient, informed consent were
     obtained. Therefore, we did not have any other facilities rather than plain
     radiography and basic laboratory tests.

3- The origin of table 1 should be referenced in the text. Is it original or modified?
   Is written permission is required and available?
   A3. Table of appendix duplication has not been found in the classical textbooks(such
       as Schwartz and Sabiston Textbook of Surgery).
       Griffiths EA et al. has given Type A-C with figures and made a table giving the
       references of Kjossev KT et al. BJS, 1996; Kim Ep and McClanathan JH. J Ped
       Surg 2001; Cave A 1936 papers. However, we added two more anomalies reported
       recently and all the references are given in parenthesis. We have not found the same
       table that was given in our case report, anywhere else.

4- To my current knowledge, in the circle of Health System in Turkey, there is a
   restriction for the medical professionals to ask and to record the patient to
   declare their ethnic origin. Also currently, there is no proven data, which indicates
   a propensity for a specific congenital anomaly (especially GIS) of a single ethnic
   group. Thus, ethnic definitions should be discarded from the text, to protect the
   authors, their employers, and probably the ministry of health from possible future
   enforcements.
   A4. I send my sincere appreciation to save us from possible enforcements. Ethnic
       origin of the patient was discarded.

5- Repeats of the given knowledge or discussed subjects should be eliminated.
Title Page:
  1- Affiliation for the second author should be addressed in the text same with the
     first author (Because the work has been done in Basaksehir State Hospital)
     A1. Affiliation is not the same for both author. Because the patient underwent to
     Surgery at Patnos State Hospital-Agri, when I was at compulsory duty at nearby
     Iranian border. Hospital did not have any facilities rather than plain radiography and
     basic laboratory facilities when this patient came. It was snowing with -40 degree.
     Patients referred to another hospital but he preferred me to do it. Informed consent
     was taken and possible risks were told. I have made the operation. Therefore authors
     affiliations are different and correct.
  2- The full address should be corrected such as “Basaksehir State Hospital,
     Department of General Surgery, Istanbul, 34230, Turkey; 2 Van State Hospital,
     Department of Pathology, Van, Turkey”
     A2. It is explained in A1

Abstract:
  1- Case presentation should be more precise. Such as, “… patient with right
     lower quadrant pain was explored with presumed complicated (perforated)
     appendicitis. In exploration a perforated appendicitis was accompanied with
     another subserosal and retrocecal appendix. ..)
     A1. Changed in the text
2- Conclusion should be revised (short and clear to give the message of the case).

**A2.** Changed

**Introduction:**
1- Poor and should be improved. Our basic knowledge and current case presentations or series should be recalled in this section. Some of this knowledge has been given in discussion section.

**A1. Basic some knowledge and recalls of the cases are added to Introduction.**

**Case presentation:**
1- Clinical presentation (for this specific patient with abdominal pain for the last 48 hours) should be defined more clearly.

**A1. added**

   2- Was obstructive series (Chest and abdominal X-ray in erect position obtained?**

**A2. added**

3- Was abdominal US or CT performed to document the etiology of localized peritonitis in this patient?

**A3. Explained above**

4- A systematic presentation of the explorative findings should be given. The localization of the perforated appendix, perforation site (base or tip) should be clear.

**A4. added**

5- How were appendectomies performed? Were the radixes buried with purse string suture?

**A5. added**

6- Was a drain used?

**A6. added**

7- Was the wound closed primarily?

**A7. added**

**Discussion:**
1- Much of basic knowledge and current presentations should be given in the introduction section.

**A1. changed**

2- Table should be eliminated if there is no written permission from the original to be used in this case presentation.

**A2. This has been created by me and related references are given with Table.**

3- Primarily the management of the current case should be discussed with previous samples.

**A3. Operation of the cases was performed in Suburb area of Turkey. Hospital did not have an advanced radiological facilities and laparoscopic tools. Therefore I have used Alvarado Scale to diagnose of the appendicitis.**

**Conclusion:**
1- Currently, conclusion section is not suitable with the presented case and merits revision. "As a conclusion, in this case report an adult male with perforated appendicitis was recognized to have type B appendix duplication. This current case indicates that, since duplication of appendix is known to be rare, a precise exploration is essential for the patients with appendicitis, in order to diagnose possible concomitant clinical conditions. Unrecognized and untreated pathologies may not only cause therapeutic delay but also may induce medico legal enforcements."

**A1. changed**
Quality of written English: Not suitable for publication unless extensively edited
Answer: it has been edited extensively
Declaration of competing interests:
I have indicated the information in the comments to author section.