Reviewer’s report

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

**Version:** 2 **Date:** 17 April 2010

**Reviewer:** Faik YAYLAK

Which of the following best describes what type of case report this is?: Other

If other, please specify:

A rare case of appendix duplication has been presented.

Has the case been reported coherently?: No

Is the case report authentic?: Yes

Is the case report ethical?: Yes

Is there any missing information that you think must be added before publication?: Yes

Is this case worth reporting?: Yes

Is the case report persuasive?: No

Does the case report have explanatory value?: No

Does the case report have diagnostic value?: No

Will the case report make a difference to clinical practice?: No

Is the anonymity of the patient protected?: Yes

Comments to authors:

General:
1- Linguistic improvement is essential.
2- Only the resected specimens have been presented. To clearly document the anomaly, preoperative images (US or CT) or intraoperatif images are required (if possible).
3- The origin of table 1 should be referenced in the text. Is it original or modified? Is written permission is required and available?
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.

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)

2- The full address should be corrected such as “Basaksehir State Hospital, Department of 1General Surgery, Istanbul, 34230, Turkey; 2 Van State Hospital, Department of Pathology, Van, Turkey”

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 suberosal and retrocecal appendix. ..)

2- Conclusion should be revised (short and clear to give the message of the case).

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.

Case presentation:

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

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

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

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.

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

6- Was a drain used?

7- Was the wound closed primarily?

Discussion:

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

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

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

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.”

**Quality of written English:** Not suitable for publication unless extensively edited

**Declaration of competing interests:**

I have indicated the information in the comments to author section.