Reviewer's report

Title: Ruptured Desmoid Tumor Imitating Acute Appendicitis – A Rare Reason for an Emergency Surgery

Version: 0 Date: 27 Aug 2019

Reviewer: Reviewer 2

Reviewer's report:

PEER REVIEWER ASSESSMENTS:

RELEVANCE - Does this case report make a contribution to medical knowledge, have educational value, or highlight the need for a change in clinical practice or diagnostic/prognostic approaches?

No, the findings of this report are well known and/or similar reports have already been published

CASE DESCRIPTION - Are the details of the case sufficiently well described to understand the patient's symptoms and course of treatment?

Yes, the description of the case is sufficient

DIAGNOSIS/INTERPRETATION - Based on the facts presented, are the diagnosis, interpretation, and course of treatment medically sound?

Yes, the work described is medically sound

DISCUSSION OF THE CASE - Does the discussion appropriately analyse the importance of the findings and their relevance to future understanding of disease processes, diagnosis or treatment? Has an adequate literature review pertinent to the case been included?

No - there are major issues

OVERALL MANUSCRIPT POTENTIAL - Could an appropriately REVISED version of this work represent a technically sound contribution?

Maybe - with major revisions

PEER REVIEWER COMMENTS:

GENERAL COMMENTS: The report is well written, clinical presentation and the diagnostic problem is well discussed. However, the novelty of the case is questionable: previous
publications underline the risk of bleeding or bowel perforation due to intestinal fibromatosis (see for instance Li J et al 2019, Georgides et al 2012). There is a general message (that authors correctly underline in the discussion) please do as much as you can before opening and abdomen (i.e. do a CT scan, but this was not performed in the case presented).

The weakest part of the manuscript concerns the therapeutic options for desmoid tumors presented in the discussion: a) surgery is not longer the standard of care and should be considered with some caution due to the high risk of relapse, b) medical treatment is moving more and more from tamoxifene +/- NSAID to low dose chemotherapy as first lien traetemnt in symptomatic not operable patients, c) there is an increasing evidence that tyrosine kinase inhibitor and especially Sorafenib may be active agents against fibromatosis, d) radiotherapy is much less used than in the past. More importantly in many cases a wait and see strategy may be proposed (not in the case described of course). Please see Kasper et al 2017 (A European Consensus).

Some recent references may be considered: i.e. Ebeling et al 2019, Takemoto et al 2019

REQUESTED REVISIONS:

Major issue: Discussion should be carefully revised as I have previously written.

Minor issues: guidelines and consensus have been published, so what is written in the background second paragraph is not correct.

Why Abdominal CT scan was not performed before surgery.

The authors may also comment on the fact that despite tumor rupture no contamination of the abdominal cavity occurred (and they can check if this has been the case also for previously published cases of intrabdominal fibromatosis). This can be a valuable information for clinicians

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Yes

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Yes

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

Not relevant to this manuscript

**Quality of written English**
Please indicate the quality of language in the manuscript:

Acceptable

**Declaration of competing interests**
Please complete a declaration of competing interests, considering the following questions:

1. Have you in the past five years received reimbursements, fees, funding, or salary from an organisation that may in any way gain or lose financially from the publication of this manuscript, either now or in the future?
2. Do you hold any stocks or shares in an organisation that may in any way gain or lose financially from the publication of this manuscript, either now or in the future?
3. Do you hold or are you currently applying for any patents relating to the content of the manuscript?
4. Have you received reimbursements, fees, funding, or salary from an organisation that holds or has applied for patents relating to the content of the manuscript?
5. Do you have any other financial competing interests?
6. Do you have any non-financial competing interests in relation to this paper?

If you can answer no to all of the above, write 'I declare that I have no competing interests' below. If your reply is yes to any, please give details below.

This reviewer has been recruited by a partner organization, Research Square. Reviewers with declared or apparent competing interests are not utilized for these reviews. This reviewer has agreed to publication of their comments online under a Creative Commons Attribution License attributed to Research Square and was paid a small honorarium for completing the review within a specified timeframe. Honoraria for reviews such as this are paid regardless of the reviewer recommendation.

I agree to the open peer review policy of the journal. I understand that my name will be included on my report to the authors and, if the manuscript is accepted for publication, my named report including any attachments I upload will be posted on the website along with the authors’ responses. I agree for my report to be made available under an Open Access Creative Commons CC-BY license (http://creativecommons.org/licenses/by/4.0/). I understand that any comments which I do not wish to be included in my named report can be included as confidential comments to the editors, which will not be published.
I agree to the open peer review policy of the journal