Reviewer’s report

Title: STREPTOCOCCUS PNEUMONIAE PRIMARY PERITONITIS IN IMMUNOCOMPETENT PATIENT MIMICKING ACUTE APPENDICITIS: CASE REPORT AND REVIEW OF THE LITERATURE

Version: 0 Date: 13 Nov 2018

Reviewer: Bogdan Chiș

Reviewer's report:

1. Do you believe the case report is authentic?

Yes

2. Do you have any ethical concerns? Please consider if local Institutional Review Board approval or ethical approval was obtained (if appropriate) and if the patient (or their parent or guardian in the case of children under 18) gave written, informed consent to publish this case and any accompanying images. A statement to this effect should appear in the manuscript.

Comments:

Written consent was obtained.

3. Does the Introduction explain the relevance of the case to the medical literature?

Yes

4. Does the article report the following information? Where information is missing, please specify.

a. The relevant patient information, including:

- De-identified demographic information (age, gender, ethnicity)
- Main symptoms of the patient - did the patient
- Medical, family and psychosocial history - did the patient had any bacterial infection in the family?
- Relevant past interventions and their outcomes - what was the outcome of the patient? did you perform a 1 week follow up? did the inflammatory status decrease?

b. The relevant physical examination findings

c. Important dates and times in this case (if appropriate, organized as a timeline via a figure or table); if specific dates could lead to patient identification, consider including time relevant to initial presentation, i.e. initial presentation at T = 0, follow up at T = 1 month.

d. Diagnostic assessments, including:

- Diagnostic methods - if no imagistic changes were found for acute appendicitis, how severe was the peritoneal reaction (pain level? inflammatory status?). Why was the rapid surgical intervention needed?

- Challenges (e.g., financial, language/cultural)

- Reasoning and prognostic characteristics (e.g., staging), where applicable - Is the pulmonology follow-up needed?

Did the patient undertake an ultrasound before the intervention? US can sometimes give additional information in acute appendicitis (real time exploration, Doppler imaging). Did you perform an sputum culture (sputum/lavage?)

e. Types and mechanism of intervention

Why were such high dosage for amoxicilene (over 6 g/day?)

f. A summary of the clinical course of all follow-up visits

No follow up is presented, as the primary locus of infection could not be proven (respiratory?).

Comments:

5. Is the interpretation (discussion and conclusion) well balanced and supported by the case presented?

Comments:

No follow-up is described. If the patient remain asymptomatic, which could be incriminated for the disease: bacterial dissemination or peritoneal reaction? Could the patient be postponed to observe the reaction to antibiotic treatment (as in appendicular block, when antibiotherapy could lead to clearly visible lesions and second time surgery)
6. Is the anonymity of the patient protected? Please consider any identifying information in images such as facial features or nametags, whether the patient is named etc. If not, please detail below.

Yes

7. Is the Abstract representative of the case presented?
Comments:
No follow up.

8. Does the case represent a useful contribution to the medical literature?
Comments:
Yes, as a very rare cause of peritonitis.

9. Additional comments for the author(s)?

**Level of interest**
Please indicate how interesting you found the manuscript:

An article of importance in its field

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

Needs some language corrections before being published
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Were you mentored through this peer review?

No