

Review Form 1.7

Journal Name:	Asian Journal of Research in Surgery
Manuscript Number:	Ms_AJRS_109889
Title of the Manuscript:	A case of retroperitoneal fasciitis: complicated appendicular perforation
Type of the Article	Case study

PART 1: Review Comments

	Reviewer’s comment	Author’s comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<b>Compulsory</b> REVISION comments  1. Is the manuscript important for scientific community? (Please write few sentences on this manuscript)  2. Is the title of the article suitable? (If not please suggest an alternative title)  3. Is the abstract of the article comprehensive?  4. Are subsections and structure of the manuscript appropriate?  5. Do you think the manuscript is scientifically correct?  6. Are the references sufficient and recent? If you have suggestion of additional references, please mention in the review form.  <u>(Apart from above mentioned 6 points, reviewers are free to provide additional suggestions/comments)</u>	  A good manuscript to highlight the possibility of retroperitoneal collection as a rare complication from appendicular perforation.  The term “fasciitis” was suggested from CT scan. However, was there any correlation with the intraoperative finding? A better title might be retroperitoneal collection/abscess instead of fasciitis, as evident in the conclusion.  The non improvement of pain despite analgesics might not be relevant in the abstract.  Appropriate subsections and structure.  Yes.  Sufficient references.	  Ok  Title corrected to Retroperitoneal abscess  Ok  Ok  Ok
<b>Minor</b> REVISION comments  1. Is language/English quality of the article suitable for scholarly communications?	  Minor revisions suggested to make the article scholarly sound.	  Ok
<b>Optional/General</b> comments	Was the OBGYN team consulted for an urgent assessment of possible ovarian torsion whilst waiting for CT? What was the amount of pus found intraoperatively to suggest extensive contamination? Was there evidence of fasciitis as suggested by CT? Were there any considerations for radiological drainage in this patient (as per the discussion) prior to operative decision? Suggest discussing the role of a laparoscopic approach with the appropriate references. Unable to properly visualize the appendix in Fig 2, suggest magnifying the image. Since the patient developed surgical wound breakdown, kindly include in the discussion of possible post operative complications.	Yes, OBG team was consulted and after evaluation, they suggested doing a CECT scan. The amount of pus noted was around 50-60ml with multiple loculi. The posterior peritoneum was necrotic and pus laden. There was no role of radiological drainage in this patient as there wasn’t significant amount of pus noted radiologically other than extensive inflammation of the peritoneum with multiple air pockets.

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**PART 2:**

	Reviewer’s comment	Author’s comment <i>(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</i>
Are there ethical issues in this manuscript?	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	No ethical issues.