

## Peer Review File

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### **Reviewer A**

1) No mention of pre-OP blood tests. I would add pre-operative blood tests (indicators of inflammation, etc.)

**Reply 1:** Thank you for your valuable suggestion. We appreciate the insight into the importance of pre-operative blood tests. We have now included a section in the Case Description detailing the pre-operative blood tests.

**Changes in the text:** In the Case Description section, we have commented on pre-operative blood investigations (see page 4; line 127-130).

2) No mention of intraoperative antibiotic prophylaxis. Was it not administered?

**Comment 2:** No mention of intraoperative antibiotic prophylaxis. Was it not administered?

**Reply 2:** We appreciate your observation. Intraoperative antibiotic prophylaxis was indeed administered.

**Changes in Text:** In the Case Description section, a new sentence has been added (see page 4; line 142)

3) I would add post-operative management: therapy, resumption of alimentation, blood tests

**Reply 3:** Thank you for your feedback.

**Changes in the text:** We have mentioned in the post-operative management in the Case Description section (see page 5; line 164-171).

4) Is there remote patient monitoring? Was the patient checked after discharge?

**Comment 4:** Is there remote patient monitoring? Was the patient checked after discharge?

**Reply 4:** No remote monitoring was utilized. The patient received regular postoperative follow-up in the outpatient clinic.

**Changes in Text:** Post-operative and follow up is mentioned in text (see page 6; line 179-180).

### **Editorial Comments**

This case report presents a rare instance of Amyand's hernia, distinguished by its unusual pathological anatomy: an appendicular mucocele extending into the retroperitoneum. The authors performed surgical excision of the cystic mass followed by mesh hernioplasty. Their report on this

uncommon entity further illuminates its unique clinical manifestations. Here are some suggestions to enhance the comprehensiveness and scientific robustness of the article.

1. The term “case report” should be included in both the title and keywords to clearly define the nature of the study. (Note: The number of keywords should not exceed five.)

**Comment 1:** The editor suggests including the term "case report" in both the title and keywords to clearly define the nature of the study. Additionally, a note is provided regarding the number of keywords, stating that it should not exceed five.

**Reply 1:** We appreciate the reviewer's suggestion to include the term "case report" in both the title and keywords to provide a clear definition of the study type. Following this advice, we have modified the title to incorporate the term "case report" appropriately. Additionally, we have revised the keywords section to ensure compliance with the journal's guidelines on the number of keywords.

**Changes in the text:**

1. Title: "A Rare Case of Amyand’s Hernia presenting as an Appendicular Mucocele, extending into Retroperitoneum: A Case Report"
2. Keywords: We have added "case report" as one of the keywords, ensuring that the total number of keywords does not exceed five (see title on page 1; line 3-4 and keywords section on page 2; line 50-51).

2. Abstract-Background: Please highlight the unique aspects of this case, such as its rare pathological features.

**Comment 2:** The editor suggests highlighting the unique aspects of the case, especially its rare pathological features, in the Abstract-Background section.

**Reply 2:** We appreciate the editor's guidance in emphasizing the distinctive elements of the case in the Abstract-Background section. In response, we have revised the Abstract-Background to provide clearer emphasis on the rare pathological features, ensuring that readers can quickly identify the unique aspects of the case.

**Changes in the text:** In the Abstract-Background section (see page 2; line 32-34), we have added a dedicated line to highlight the rare pathological features of the case. This addition aims to address the editor's comment and enhance the clarity and prominence of the unique aspects in the abstract.

3. Abstract-Case Description: “This is a case of a 74-year-old male who presented with a 15-year history of persistent right groin discomfort.” Clarify the nature of the “discomfort” (painful? the onset of swelling over three months or 15 years?), and also mention the findings on palpation.

**Comment 3:** The editor requests clarification regarding the nature of the "discomfort" mentioned in the Abstract-Case Description, specifically inquiring whether it is painful and seeking details on the onset (over three months or the entire 15 years). Additionally, the editor suggests including information about the findings on palpation.

**Reply 3:** Thank you for the valuable feedback. We appreciate the opportunity to provide further clarification. In response to your comment:

- The nature of the discomfort reported by the patient is indeed painful. To enhance clarity, we have specified in the manuscript that the right groin discomfort experienced by the 74-year-old male is characterized by pain.
- Regarding the onset of the discomfort, we have revised the sentence to indicate that the patient had been experiencing intermittent right groin pain for the entire 15-year duration, with a gradual intensification over the past 3 months.
- We have mentioned the findings of palpation in the case presentation part of this case report.

**Changes in the text:** In the Abstract-Case Description (see page 2; line 36), we have modified the sentence to read: "This is a case of a 74-year-old male who presented with a 15-year history of intermittent pain in right groin, which had recently gradually intensified over the past 3 months."

4. Abstract-Conclusions: "The patient underwent surgery involving the complete dissection and excision of the lesion, followed by a mesh hernioplasty. The patient recovered well without any postoperative complications." These details regarding the patient's treatment and outcome should be included in the Case Description section of the Abstract.

**Comment 4:** The editor recommends moving details about the patient's treatment and outcome, specifically the surgery involving dissection, excision, and mesh hernioplasty, from the Abstract-Conclusions section to the Case Description section of the Abstract.

**Reply 4:** We appreciate the editor's guidance on improving the organization of information in the Abstract. In response to your comment:

- We have relocated the details about the patient's treatment and outcome, including the surgery involving complete dissection, excision, and mesh hernioplasty, to the Case Description section of the Abstract for better alignment with the case presentation.

**Changes in the text:** In the Abstract-Conclusions (see page 2; line 44-48), we have revised the section to focus on the overall outcomes and significance of the case. The detailed information about the patient's treatment and recovery, specifically the surgical procedures, has been moved to the Case Description section of the Abstract (see page 2; line 42-43), providing a more coherent and organized presentation of the case.

5. Abstract-Conclusions: "An extensive review of the literature suggests that this is the only case that exhibits such an atypical presentation." The patient is presented with pain and swelling in the groin area which is typical of inguinal hernia. What exactly is meant by "atypical presentation"? Does it refer to the mucocele of the appendix's pathological structure? This vague description should be refined.

**Comment 5:** The editor requests clarification on the term "atypical presentation" used in the Abstract-Conclusions section, specifically inquiring whether it refers to the mucocele of the appendix's pathological structure. The editor suggests refining this vague description.

**Reply 5:** Thank you for the insightful feedback. We acknowledge the need for clarity in describing the term "atypical presentation." In response to your comment:

- We have revised the sentence to explicitly mention that the atypical presentation refers to the unique manifestation of the appendicular mucocele, particularly its extensive involvement extending into the retroperitoneum and the psoas muscle.

**Changes in the text:** In the Abstract-Conclusions (see page 2; line 46-47), we have refined the sentence. This modification provides a clearer understanding of the term "atypical presentation" in the context of the case.

## 6. Highlight Box

(1) "Key findings" should succinctly summarize the core discoveries of the article, rather than re-describing the case.

**Comment 6(1):** The reviewer suggests that the "Key findings" in the highlight box should succinctly summarize the core discoveries of the article rather than re-describing the case.

**Reply 6(1):** Thank you for your feedback. We appreciate the guidance on refining the "Key findings" in the highlight box. In response to your comment:

- We have revised the "Key findings" in the highlight box to provide a concise summary of the core discoveries without redundant descriptions of the case.

**Changes in the text:** In the Highlight Box (see page 2; line 54-57), we have updated the "Key findings" to succinctly summarize the core discoveries of the article, ensuring that it focuses on essential insights rather than duplicating case descriptions. This modification aims to enhance the clarity and impact of the highlighted information.

(2) What is Known: Describing CT scans as "advanced imaging" seems a bit inappropriate given their widespread diagnostic use. Alternatively, the authors might need to clarify the medical context in which they are considered advanced.

**Comment 6(2):** The editor suggests that describing CT scans as "advanced imaging" might be inappropriate given their widespread diagnostic use. Alternatively, the editor proposes that the authors clarify the medical context in which CT scans are considered advanced.

**Reply 6(2):** Thank you for the constructive feedback. We understand the concern raised by the editor. In response to your comment:

- We have revised the description of CT scans, avoiding the term "advanced imaging" and providing clarification on their role within the medical context.

**Changes in the text:** In the "What is Known" section (see page 3; line 71-73) we have modified the description to read: "Diagnostic modalities like multidetector computed tomography (CT) scans, with multiplanar reformatted (MPR) images plays a crucial role in diagnosing the Amyand's hernia and its extent." This revision aims to address the editor's concern and offer a more accurate portrayal of the significance of CT scans in the medical field.

## 7. Manuscript's Structure

(1) Please arrange the Introduction as structured with

1.1 Background

1.2 Rationale and knowledge gap

1.3 Objective

**Comment 7(1):** The editor recommends restructuring the Introduction with a more defined structure, including subsections such as 1.1 Background, 1.2 Rationale and knowledge gap, and 1.3 Objective.

**Reply 7(1):** Thank you for the editorial guidance. We have reorganized the Introduction section to align with the suggested structure. The revised structure now includes distinct subsections, providing a clearer and more structured presentation.

**Changes in the text:** In the Introduction section (see page 3; line 86-114), we have restructured the content into the following subsections:

1. **Background**
2. **Rationale and Knowledge Gap**
3. **Objective**

This modification enhances the organization of information and ensures a more systematic approach to presenting the context, rationale, and objectives of the study.

(2) Please arrange the Discussion as structured with

3.1 Key findings

3.2 Strengths and limitations

3.3 Comparison with similar researches

3.4 Explanations of findings

3.5 Implications and actions needed

**Comment 7(2):** The editor recommends organizing the Discussion section with a structured format, incorporating subsections such as 3.1 Key findings, 3.2 Strengths and limitations, 3.3 Comparison with similar researches, 3.4 Explanations of findings, and 3.5 Implications and actions needed.

**Reply 7(2):** Thank you for the editorial guidance. We have restructured the Discussion section to align with the suggested format. The revised structure now includes distinct subsections, providing a more organized and systematic approach to discussing key aspects of the study.

**Changes in the text:** In the Discussion section (see page 6-9; line 189, 221, 229, 263, 271), we have reorganized the content into the following subsections:

- 3.1 **Key Findings**
- 3.2 **Strengths and Pathophysiology**
- 3.3 **Comparison with Similar Researches**
- 3.4 **Explanations of Findings**
- 3.5 **Implications and Actions Needed**

8. Introduction: “Amyand’s hernia is a rare type of inguinal hernia that presents as an appendix entering the inguinal canal (1). Amyand hernia is a rare condition in which the appendix is in the inguinal canal and is seen in about 1% of inguinal hernias.” Please avoid redundancy in language. The two sentences that describe Amyand’s hernia as a rare condition repeat the same information.

**Comment 8:** The editor points out redundancy in language within the Introduction, specifically in the sentences describing Amyand’s hernia as a rare condition. The concern is that the two sentences convey the same information.

**Reply 8:** Thank you for the observation. We appreciate the feedback and have revised the Introduction to eliminate redundancy while maintaining clarity.

**Changes in the text:** In the Introduction section (see page 3; line 86-90), we have streamlined the description of Amyand’s hernia to avoid repetition. Changes in the text done.

9. Introduction: “Some cases present as an appendiceal mucocele, which is a cystic mass that develops as a result of mucus accumulation in the lumen of the appendix. The incidence of such presentations is around 0.2-0.7% (2).” Since reference #2 is a non-English source, consider replacing it to facilitate easier source tracing by a wider readership.

**Comment 9:** The editor suggests replacing reference #2 in the Introduction since it is a non-English source, aiming to facilitate easier source tracing for a wider readership.

**Reply 9:** Thank you for the recommendation. We have replaced reference #2 with an English source to enhance accessibility and facilitate easier source tracing for readers.

**Changes in the text:** In the Introduction section (see page 3), reference #2 has been replaced with an English source providing similar information.

10. Introduction: Please summarize the uniqueness of this case in one or two sentences to provide readers with a clear rationale for the study’s publication.

**Comment 10:** The editor requests a summary of the uniqueness of the case in one or two sentences in the Introduction to provide readers with a clear rationale for the study's publication.

**Reply 10:** Certainly, we appreciate the suggestion. We have included a concise summary of the uniqueness of the case in the Introduction to provide readers with a clear rationale for the study's publication.

**Changes in the text:** In the Introduction section (see page 3; line 92-98), we have added a Rationale and Knowledge Gap which describes the uniqueness of the case.

## 11. Case Presentation

(1) Describe specific characteristics of the pain (e.g., constant or intermittent, relieving or aggravating factors).

**Comment 11(1):** The editor requests a description of specific characteristics of the pain in the Case Presentation, such as whether it is constant or intermittent and the factors that relieve or aggravate it.

**Reply 11(1):** Thank you for the clarification. We have incorporated specific characteristics of the pain in the Case Presentation to provide a more detailed description.

**Changes in the text:** In the Case Presentation section (see page 4; line 119-120), we have added a description of specific characteristics of the pain.

(2) Mention any comorbidities or previous abdominal surgeries the patient had.

**Comment 11(2):** The editor requests information about any comorbidities or previous abdominal surgeries the patient had.

**Reply 11(2):** Thank you for the suggestion.

**Changes in the text:** We have incorporated this in case description section (see page 4; line 122-125)

(3) Please provide results of the histopathological examination of the excised tissue, which is crucial for determining the nature of the cystic lesion (benign vs. malignant), ideally including histological images.

**Comment 11(3):** Please provide results of the histopathological examination of the excised tissue, which is crucial for determining the nature of the cystic lesion (benign vs. malignant), ideally including histological images.

**Reply 11(3):** We appreciate the suggestion. The histopathological findings are included in the revised manuscript. This valuable information will enhance the comprehensive understanding of the case and its implications.

**Changes in Text:** The histopathological examination of the excised tissue are added in the “case description” section (see page 5-6; line 174-179). Histopathology images are not available.

(4) “thick paste-like mucus (approximately 200 ml) was evacuated from the pouch”, also provide the pathological analysis results.

**Comment 11(4):** The comment mentions the evacuation of thick paste-like mucus (approximately 200 ml) from the pouch and requests the pathological analysis results.

**Reply 11(4):** We appreciate the editor's interest in the pathological analysis. However, the pathological analysis was not conducted in this case.

**Changes in Text 11(4):** No changes in the text.

(5) Details of postoperative care, including pain management, antibiotic use, and wound care, would be valuable.

**Comment 11(5):** Details of postoperative care, including pain management, antibiotic use, and wound care, would be valuable.

**Reply 11(5):** Thank you for highlighting the importance of postoperative care details.

**Changes in Text:** A dedicated section on postoperative care has been incorporated, outlining the details of pain management, antibiotic use, and wound care (see page 5; line 164-171).

(6) The authors are encouraged to provide the dates (Month/Year would be enough for the patient's privacy) of the patient's consultation or surgery for readers to understand the precise timing of the case.

**Comment 11(6):** The authors are encouraged to provide the dates (Month/Year would be enough for the patient's privacy) of the patient's consultation or surgery for readers to understand the precise timing of the case.

**Reply 11(6):** We appreciate the suggestion, and we have included the dates (July, 2023) related to the patient's consultation and surgery. This addition aims to enhance the clarity of the timeline associated with the presented case while maintaining the patient's privacy.

**Changes in Text:** Changes in the text, see page 4; line 140.

12. Discussion: "A comprehensive review of documented cases of Amyand's hernia was done." It appears that PMID: 34657411 might also be a similar case that could be added.

**Comment 12:** The editor suggests adding a potentially relevant case (PMID: 34657411) to the comprehensive review of documented cases of Amyand's hernia in the Discussion.

**Reply 12:** Thank you for bringing this to our attention. We have reviewed the suggested case (PMID: 34657411) and have acknowledged its relevance. We have included the table from this case in the Discussion for a more comprehensive overview.

**Changes in the text:** In the Discussion section (see page 7; line 218), we have added a reference to the suggested case.

13. Note that Table 1 is taken from Saim HA, Chik I, Jaafar FF, Zuhdi Z, Jarmin R, Azman A. A rare presentation of low-grade appendiceal mucinous neoplasm within an amyand's hernia: a case report. *Ann Coloproctol.* 2023 Apr;39(2):183-187.

Please acknowledge the reuse scenario, copyright, and table source as follows:

"Reuse with exemptions from licenses of the journal *Annals of COLOPROCTOLOGY* under the journal's copyright policy CC BY-NC 4.0. Saim HA, Chik I, Jaafar FF, et al. A rare presentation of low-grade appendiceal mucinous neoplasm within an amyand's hernia: a case report. *Ann Coloproctol.* 2023 Apr;39(2):183-187."

**Comment 13:** The editor provides information regarding the source of Table 1 and requests an acknowledgment of the reuse scenario, copyright, and table source in a specific format.



**Reply 13:** Thank you for the clarification. We acknowledge the reuse scenario and have incorporated the requested acknowledgment in the manuscript.

**Changes in the text:** In the Table 1 file attached with this revised manuscript, we have added the following footnote: “Reuse with exemptions from licenses of the journal Annals of COLOPROCTOLOGY under the journal's copyright policy CC BY-NC 4.0. Saim HA, Chik I, Jaafar FF, et al. A rare presentation of low-grade appendiceal mucinous neoplasm within an amyand's hernia: a case report. Ann Coloproctol. 2023 Apr;39(2):183-187.”