

## Peer review file

**Article Information:** <http://dx.doi.org/10.21037/apm-19-554>

### **Review Comments:**

The main correction in the paper and responds to the reviewer's comments are as following:

Comment 1: Please check all the abbreviations in the whole text. They should be full names when they first appeared.

Reply 1: We checked and supplement our manuscript.

Comment 2: There are much irregular writings (For example, there should be a space after each word or each punctuation) throughout the text. The language of this paper needs to be polished by an English native speaker.

Reply 2: We have modified our text as advised carefully.

Comment 3: There are many mistakes in words in the paper, such as “ug”. Please check carefully.

Reply 3: We checked our manuscript and corrected like “ $\mu$ g” and “ $\times$ ” and the like.

Comment 4: The content stated in this paper is too old; mainly because several references are 3 years ago. Please refer to the relevant literature published in recent years to update the content of the paper.

Reply 4: We refer to the relevant literature published in recent years, we change “The risk of appendectomy is 8.6 % and 6.7 % for male and female, respectively” and its reference. However, the pylephlebitis is rare disease in clinical and we do not search many relevant references.

Changes in the text: See Reference 2 and 5.

Comment 5: Several references are incomplete. Please provide it again.

Reply 5: We checked all references and rewrote them as requested. Some references are e-journals, we add some information in references.

Comment 6: Figure 1 is not clear enough. It is recommended to provide clearer figures again.

Reply 6: We changed figure 1.

Comment 7: The annotation of all figures is too simple. Please describe it in detail.

Reply 7: We add information of all figures.

Changes in the text: The annotation of figure 1 and 2.

Comment 8: What are else complications caused by acute appendicitis?

Reply 8: The most common complication is infection, such as a postoperative abscess and surgical site infection. Other complications include enterocutaneous fistula, pain, postoperative bleeding and so on. But our case most concern is serious infection, so we discussed the infection in the background.

Changes in the text: see Page3, line 8.

Comment 9: There are still some weak points in this paper. It is suggested that the author increase possible mechanism analysis. This is more conducive to support the conclusions of this study.

Reply 9: we described the possible mechanism why the D-dimer increased. We increased the pathogenesis of pyelphlebitis that can be used to help understand reason of D-dimer increased.

Changes in the text: see Page7, line 16

Comment 10: What is the highlight for the treatment of acute appendicitis?

Reply 10: The highlight of treatment of acute appendicitis is to control inflammation, and minimize complications.

Changes in the text: see Page3, line 7

Comment 11:

Checklist 2: please add 'case report' as one of keywords too.

Checklist 3a: I fail to see WHAT IS UNIQUE of this case in abstract.

Checklist 3d: take-away lesson is needed in abstract.

Checklist 4: similarly, I fail to find WHY this case is UNIQUE in introduction.

Checklist 7: please draw a timeline and make sure it stands alone.

Checklist 9b: information regarding dosage and duration of medicine is needed.

Checklist 11a: please use one separate paragraph to LIST in order both strengths and limitations of this case.

Reply 11: The Checklist we rework as follow:

Checklist 2: please add 'case report' as one of the keywords too.

Page 2, Line 14

Checklist 3a: I fail to see WHAT IS UNIQUE of this case in the abstract.

Page 2, Line 9. Pylephlebitis is rare and can be easily missed. The unusual increase of D-dimer level provided critical value for pylephlebitis diagnosis.

Checklist 3d: the take-away lesson is needed in the abstract.

Page 9, Line 9.

Checklist 4: similarly, I fail to find WHY this case is UNIQUE in the introduction.

Page 3, Line 13. Pylephlebitis is a rare but fatal complication.

Checklist 7: please draw a timeline and make sure it stands alone.

Page 10, Line 10.

Checklist 9b: information regarding dosage and duration of medicine is needed.

Page 5, Line 21 and Page 6, Line 5.

Checklist 11a: please use one separate paragraph to LIST in order, both strengths and limitations of this case.

Page 9, Line 11