

## Peer Review File

Article information: <https://dx.doi.org/10.21037/ls-21-14>

### Reviewer A

I enjoyed reading the article. Good flow. Clear and concise, and most importantly relevant and with clear pictures.

**Comment 1.** Might have to structure the images in smaller groups or remove some images, so that all the images can fit comfortably and to ensure readability

**Reply 1.** Done - refer to figure legend on pages 8-10

### Reviewer B

Interesting case report of a case of complicated appendicitis due to appendicolith with anterior perforation and intraabdominal abscess with an abundance of clinical images.

**Comment 1.** According to the Guidelines for Authors, the subheadings should be: “Introduction, Case Presentation, and Discussion”, please correct.

**Reply 1.** Done - line 45

**Comment 2.** According to the Guidelines for Authors, a maximum of 20 references are possible, please correct.

**Reply 2.** Done – line 158

**Comment 3.** Furthermore, the reference list does not follow the format described in Guidelines for Authors.

**Reply 3.** Done – Pages 6-8 under the references

**Comment 4.** It seems that you have included 12 figures in the file through the Guidelines for Authors state a maximum of eight figures/tables.

**Reply 4.** Done - refer to figure legend on pages 8-10

**Comment 5.** Introduction: “The surgical management is varied (..)”, should be corrected to “The surgical management has varied (..)”.

**Reply 5.** Done - line 31

**Comment 6.** Introduction, the following sentence is hard to follow, could you kindly revise it or divide it into more than one sentence to make it clearer?

a. “The majority of published reports to date have documented a retroperitoneal appendix perforation and abdominal wall abscess through lateral extension of the pus

that tracks on to the anterior abdominal wall.”

**Reply 6.** Done – line 39-41

**Comment 7.** Case Report/Case Presentation: Please add how long the patient had experienced the listed symptoms.

**Reply 7.** We are not sure as she is a poor historian due to her dementia.

**Comment 8.** Case Report/Case Presentation: Please add more details to the description of the abdominal pain that the patient complained of.

**Reply 8.** I am unable to due to the patient being a poor historian

**Comment 9.** Case Report/Case Presentation: Please add to the medical history if the patient had previously undergone abdominal surgery.

**Reply 9.** Done – line 52

**Comment 10.** Case Report/Case Presentation: Please move the sentence “There were signs of rebound tenderness and guarding.” after the sentence “The swelling was fluctuant and the margins poorly defined, with no signs of surgical crepitus.” so that the findings of the inspection and the swelling are described together.

**Reply 10.** Done – lines 49 & 50

**Comment 11.** Case Report/Case Presentation: Please delete the abbreviation (CRP) as you only use it this one time through the manuscript.

**Reply 11.** Done – line 51

**Comment 12.** Case Report/Case Presentation: Please specify what the first antibiotic treatment consisted of (line 58) and details on the regimen she was discharged with (CARE 9b).

**Reply 12.** Done line 59 and 65

**Comment 13.** Case Report/Case Presentation: Was the purulent fluid (line 60) sent for susceptibility and resistance testing, and if yes what was the result (CARE 8a).

**Reply 13.** Yes. They grew a multitude of organisms Line 61/62

**Comment 14.** Case Report/Case Presentation: Please add an actual timeline a figure (CARE 7).

**Reply 14.** I am unable to due to her dementia and the fact that she was a patient referred to my care. We did not have her prior medical records. Even her daughter who was her substitute

decision maker could not give us an accurate timeline of her mother's symptoms.

**Comment 15.** Discussion: You describe "Her dementia precluded her ability to be a good historian and her age increased the risk of an appendicular or colonic malignancy." as an argument for the interval appendectomy. However, her dementia could also be an argument not to conduct surgery to identify a cancer that she and her family might not want to be treated for. Thus, a possible cancer diagnosis obtained through a surgical procedure (including its risk) would not have any consequence. What are your thoughts on this as you plan her to undergo future colonoscopies?

**Reply 15.** A patient's mental condition does not preclude them having appropriate medical or surgical therapy. Her daughter was her substitute decision maker and gave us an informed consent to proceed with endoscopy. Happily, the colonoscopy was normal!!