

Article information: <https://dx.doi.org/10.21037/asj-22-38>

### Reviewer comments

1. Information on what the preoperative colonoscopy showed is missing and should be added.

Reply 1: We have modified our text as advised with addition of information about the colonoscopy (see page 1, line 12)

Changes in the text: A pre-operative colonoscopy identified one 15mm sessile polyp present in the ascending colon near the ileocaecal valve, but the appendiceal orifice was clear. The identified polyp was not biopsied.

2. An 'o' is missing in the word oophorectomy on line 14.

Reply 2: We have modified our text as advised (see line 14)

Changes in the text: bilateral salpingo-oophorectomy

3. One must presume that the patient also had an abdominal CT scan performed. It should be stated if the CT scan suspected appendiceal pathology.

Reply 3: The patient did have an CT thorax abdomen pelvis with contrast. We have added clarification about the imaging's suspicions of appendiceal pathology to the text (see page 1, additions to line 9). MR pelvis scans were reported in preference over CT scans due to quality of images.

Changes in the text: A CT thorax abdomen pelvis scan to look for the cause of the elevated CA-125 showed a right ovarian mass with potential involvement of a dilated appendix and adjacent small bowel. Follow up MR imaging of the pelvis (Figure A) also showed the presence of this complex right ovarian mass. As a result of the ambiguities in the imaging, exploratory laparoscopy staging was undertaken. The laparoscopy further raised the suspicion of an appendicular tumour, due to a complex tubo-ovarian appendicular mass engulfed by surrounding structures (Figure B).

4. In Figure A, the whole multicystic mass should be encircled to improve readability.

Reply 4: The arrow from figure A has been removed, and the mass encircled instead.

Changes in text: Legend for Figure A has been changed to "Pelvic MRI, multicystic right ovarian mass encircled"

5. In Figure B, the anatomical plane/position should be explained to help the spatial orientation of the reader. This can be done either in the text or alternative with an illustration.

Reply 5: We have added additional description in the legend for Figure B.

Changes in text: Anatomical plane is coronal towards the right hemipelvis. The mass itself is

hidden as it is engulfed by surrounding structures: uterine body, terminal ileum, and caecum. Pouch of Douglas is obliterated.”

6. In Figure C, the text should explain what the arrow is pointing at. Otherwise, the arrow should be omitted from the figure.

Reply 6: As suggested, we have removed the arrow from the figure.

Changes in text: Figure C edited; arrow removed.

7. In Figure D, the text should explain what the arrow is pointing at. Otherwise, the arrow should be omitted from the figure.

Reply 7: As suggested, we have removed the arrow from the figure.

Changes in text: Figure D edited; arrow removed.