

## Review report

**BSMMUJ-17.4 – 74284**

Vermiform appendix duplex: A case report  
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REVIEW COMMENTS	AUTHOR RESPONSE
<b>A. Mechanical review</b>	
Date sent to author: <b>26-Jun-24</b>	Date replied by author: <b>29-Jun-24</b>
<b>a. In the BanglaJoL submission platform</b>	
1. Provide a cover letter as per the journal's format. <sup>1</sup>	1. Cover letter given as per the journal's format
<b>b. In the Manuscript</b>	
<b>Main body (page 4 onwards)</b>	
2. Prepare introduction including objective without heading.	2. The heading for objective removed and managed with introduction, Line no 42
<b>Footnotes</b>	
3. Provide author contributions and data availability statement as per journals' format.	3. Author contributions and data availability statement revised as per journal's format
<b>Additional points</b>	
4. ORCID 0009-0003-0494-7648 has your name only. Please update your profile. At least mention your education, affiliations, publications, etc.	4. ORCID profile updated
<b>B. Technical review</b>	
<b>ROUND 1</b>	
Reviewer's name: <b>C: AK Azad</b>	
ORCID: <b>0000-0002-9167-6529</b>	
Date assigned: <b>15-Sep-24</b>	
Date submitted: <b>14-Oct-24</b>	
Do you have any conflict of interest with the author/s? <b>No</b>	
Do you wish to be disclosed to the author? <b>Yes</b>	
Comments sent to author (Date: <b>24-Oct-24</b> )	Date: <b>11-Nov-24</b>
<b>Areas for improvement:</b> <b>Title:</b> The title could consider specifying the clinical significance more directly, such as: "Vermiform Appendix Duplex: A Case Report of an Anatomical Anomaly with Significant Clinical and Medicolegal Implications.	Thank you for the excellent suggestion. However, we wish to keep the title as "Vermiform appendix duplex: A case report" to conform the Journal style. But we have taken the suggestion in revising the narrative.
<b>Case description:</b> The surgical details are thorough, but the narrative of the procedure could be simplified to make it more readable, especially for a wider audience, not just surgeons.	The narrative has been revised as per suggestion suitable for wider audience.
<b>Discussion:</b> The discussion provides a good review of the relevant literature and classification systems.	Thank you for the appreciation
<b>References:</b> The references are appropriate but should be updated to reflect the most recent research on appendix duplication. Some cited articles are relatively old, particularly the ones from the 1950s and 1970s. Newer studies should be included to provide more current clinical perspectives.	USG picture was not preserved since it was not helpful in diagnosing the second appendix, perhaps the surgical procedure was prioritised.
Reviewer's recommendation: <b>Revisions Required</b>	

<sup>1</sup> [www.bsmmuj.org/assets/file/Cover\\_letter\\_template.docx](http://www.bsmmuj.org/assets/file/Cover_letter_template.docx)  
BangaBandhu Sheikh Mujib Medical University Journal

REVIEW COMMENTS	AUTHOR RESPONSE	
Reviewer's name: <b>F: Mithila Faruque</b>		
ORCID: <b>0000-0002-4731-2824</b>		
Date assigned: <b>17-Oct-24</b>		
Date submitted: <b>20-Oct-24</b>		
Do you have any conflict of interest with the author/s? <b>No</b>		
Do you wish to be disclosed to the author? <b>Yes</b>		
This is an interesting case report on duplicate vermiform appendix which is an uncommon anatomical anomaly. But the presentation of the case report resembled to a usual case of acute appendicitis. Clinical implications and legal concern related to duplicate vermiform appendix were not clearly described. Moreover, based on the presenting features of the patient, the provisional diagnosis couldn't be made as appendicular abscess. Also in the discussion part, no such other cases were mentioned which can mark the importance of such case. The conclusion needs to be changed in this regard too.	The manuscript has been revised to conform the suggestions given by the reviewer.	
Reviewer's recommendation: <b>Revisions Required</b>		
<b>Editor's comments</b>		
Editor's name: <b>M Mostafa Zaman</b>		
ORCID: <b>0000-0002-1736-1342</b>		
1. Title: The second clause of the title should be "A case report" as per the BSMMUJ's style. Please visit recent case reports published.		1. Updated according to instruction
2. Learning points should replace high lights. One of the important learning points could be how to suspect and identify it clinically and features that the surgeon should look for in the USG.		2. Updated. It is not identifiable in USG in most of the times. Usually, MRI can diagnose an existing double appendix, but in LMIC setting like Bangladesh, MRI is not done frequently in practice. Moreover, appendectomy is a clinical decision based on diagnosis based on clinical examinations. So, it is suggested to explore to exclude presence of a second appendix during the surgical procedure.
3. There is an important missing information: The hospital name, location, and the operation date or the study duration.		3. Updated
4. Provide one high resolution picture of the ultrasonogram.		4. USG picture was not preserved since it was not helpful in diagnosing the second appendix, perhaps the surgical procedure was prioritised.
5. Provide DOIs to all references.		5. Provide DOI for references
Editor's decision: <b>Accepted</b>		

<b>C. Editorial decision</b>	Date: <b>13-Nov-24</b>
Final decision: <b>Accepted</b> subject to editorial clarifications.	