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### Format for ANSWERING REVIEWERS



June 12th, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 10613-review.doc).

**Title:** Epistaxis in End Stage Liver Disease Masquerading as Severe Upper Gastrointestinal Hemorrhage

**Author:** Camus M, Jensen DM, Matthews JD, Ohning GV, Kovacs TO, Jutabha R, Ghassemi KA, Machicado GA, Dulai GS.

**Name of Journal:** *World Journal of Gastroenterology*

**ESPS Manuscript NO:** 10613

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

(1) Reviewer 1:

The authors make an important point regarding the dangers of epistaxis in patients with ESLD. I think the high incidence of NG placement deserves a little more discussion.

A- Is there a way to predict those patients for whom ng placement is associated with a high risk of haemorrhage?

It is a good question. Unfortunately due to little sample of patients presenting with both ESLD and epistaxis, we are unable to perform a multivariate analysis to confirm that ng placement is a risk factor of epistaxis in patients with ESLD. Moreover the low prevalence of epistaxis in ESLD population will not allow one to prove it by further analysis of data in this study.

B- Of similar ESLD patients who had a ng tube placed how many developed epistaxis?

Our database do not record all ESLD patients, only those who develop signs of upper GI bleeding, therefore we don't know the prevalence of epistaxis among all population of patients with ESLD in whom ng tube was placed.

To highlight this comment of the reviewer, we added a comment about this in the discussion section. (Discussion, page 8)

C- Also ESLD is now considered a procoagulant state with a higher incidence of DVT and PE. this might be protective against bleeding and also warrants a comment.

We thank the reviewer for this comment. The balance between anti and procoagulant states due to



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hepatic failure is complex. In fact, patients were evaluated for possible pro-coagulant disorders due to cirrhosis and we did not find them nor a risk or history of thrombosis in the patients with severe epistaxis.

We now introduce this notion in discussion as it was suggested. (Discussion, page 8)

### (2) Reviewer 2:

The authors described the prevalence, diagnosis, treatment, and outcomes of ESLD patients with severe epistaxis masqueraded as upper gastrointestinal hemorrhage. We have limited knowledge in this subject and the authors made an important observation. Well written and discussed study.

Authors mentioned that one patient died due to uncontrolled recurrent epistaxis and very severe hemorrhage. Readers may wonder, how did the other patients died in hospital?

5 patients died. As mentioned, one of they died because of uncontrolled epistaxis. One died during OLT procedure and the tree other patients died in ICU because of multiorgan failure due most of time to severe infection in the context of ESLD. (Results, page 7)

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

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