

Format for ANSWERING REVIEWERS



July 9, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 10848-Review.docx).

Title: Diagnosis of Gastrointestinal Bleeding – A Practical Guide for Clinicians

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Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 10848

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

(02441423) We thank the reviewer for the constructive feedback and have revised the manuscript accordingly. Urgent endoscopy is now emphasized as the initial investigation of choice for acute GI bleeding as per consensus guidelines. The use of gastric lavage and prokinetics before upper endoscopy in the context of acute GI bleeding is discussed. Rapid colonic lavage and the use of NG tube and prokinetics for lower GI bleeding before colonoscopy are also expanded with references to related studies. The role of intraoperative endoscopy as an adjunct during urgent surgery for acute GI bleeding to help localize the source of bleeding is discussed.

(02441274) We thank the reviewer for the specific suggestions. "Upper endoscopy and colonoscopic evaluation" was specified in the abstract as per reviewer's helpful advice. Small bowel radiography is not indicated and now removed from the definition of obscure GI bleeding as the reviewer had correctly pointed out. The new definitions of upper, mid and lower GI bleeding are made more specific as the reviewer has raised an important point here. Geographical variations in pathophysiology of esophageal varices and peptic ulcer disease between the East and West are elaborated upon but we do emphasize that varices and peptic ulcer disease are common causes of upper GI bleeding in both East and West. The use of gastric lavage and prokinetics before upper endoscopy in the context of acute GI bleeding is discussed. The distinction between second look endoscopy and repeat endoscopy is made.

(00187936) We thank the reviewer for positive ratings and recommendation for acceptance of our manuscript.

(00503621) As per reviewer's suggestions, the manuscript was extensively revised with definitions, pathophysiology and diagnostics expanded. The authors believe while many technically detailed review articles covering small areas of GI bleeding exist in the literature, good practical diagnostic

overviews of the topic are lacking and would be highly valuable to GI clinicians. The open access nature of the journal would also broaden the readership to general physicians and surgeons.

Specific suggestions of the reviewer are individually addressed. Negative “small bowel radiography” is removed from the definition of obscure GI bleeding as it is no longer indicated. Gastric hematoma is synonymous with blood clot in the literature but the term “blood clot” is added to make this clear to readers. Here, evacuation of the blood clot is intended as it may expose underlying bleeding ulcers that may be amenable to hemostatic therapy. The words “less frequently” are deleted as per reviewer’s comment and instead the challenging nature of catheter angiography in upper GI bleeding due to multiple collateral vessels is highlighted. We thank the reviewer for helpful comments.

(02725329) The authors thank the reviewer for the encouraging comments. Broad overviews of this important topic summarized in one article are lacking in the literature and we believe would be helpful for practicing clinicians. Thanks to the reviewer’s good observation, we have corrected the captions to “suspected GI bleeding” as bleeding had stopped at the time of endoscopy.

3 References and typesetting were corrected

4. Minor language and grammatical errors corrected and polished

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

Sincerely,

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