

## Format for ANSWERING REVIEWERS



July 7, 2014

Dear Editor,

Please find the edited manuscript in Word format.

**Title:** Endoscopic band ligation (EBL) for bleeding lesions in the small bowel

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**Name of Journal:** *World Journal of Gastrointestinal Endoscopy*

**ESPS Manuscript NO:** 10868

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) Methods- Since this is a retrospective study, how did the endoscopist decide to use EBL

to treat these particular patients with bleeding lesions? Was it a pilot study for 6

consecutive patients? How much suction did they apply while deploying the bands?

→EBL is not hindered by difficult positioning of bleeding lesions or endoscope instability

because it is not necessary to place the lesions in the same direction of the endoscopic

working channel. This sentence is included in the discussion section.

This is a retrospective case series of EBL for bleeding lesions in the small bowel not a pilot study.

Continuous aspiration was performed using the same aspiration pressure as used in the treatment of esophageal varices.

(2) Results- Out of the 3 patients with diverticular bleed, one of these had re-bleed which was due to dislodgement of the band and ulcer formation. This is a serious complication of use of bands in hemostasis, even though this patient was managed conservatively.

→As stated by the reviewer, dislodgement of the band and ulcer formation may be a serious complication of use of bands in hemostasis although this patient was managed conservatively. Further studies are considered to be needed to elucidate the safety and the efficacy of EBL for diverticular lesions in the small bowel.

(3) Even though, the authors had successful outcome of use of EBL in patients with vascular ectasia and Dieulafoy's lesion, however, one wonders if it is convenient compared to argon photo-coagulation or use of hemoclips. This is because, EBL requires removing the scope and then re-introducing it after placing the banding device which is more cumbersome than just using hemoclips or APC. Do the authors think that use of EBL has any advantage over the use of conventional methods of hemostasis in the treatment of small intestinal bleeding lesions?

→As stated by the reviewer, EBL requires removing the scope and then re-introducing it after placing the banding device which is more cumbersome than just using hemoclips or APC.

However, EBL can be able to overcome the instability of the endoscope and the difficult positioning of the bleeding lesions because it is not necessary to place the bleeding lesions at the same direction of the working channel of the endoscope. In the present study, when bleeding lesions were identified, marking with hemoclips or carbon ink injection was performed near the lesions. Because the bleeding lesions could be easily detected by prior markings during the second insertion, procedural time might be minimized.

(4) Authors should discuss the limitations of this study. Additionally, as the sample size is small, it may be precarious to draw conclusions from this sample size. Authors can state that although there were no major complications in this limited study, more data (may be even animal studies) is needed to evaluate the use of EBL in small intestine lesions.

→As stated by the reviewer, it might be precarious to draw conclusions from small sample size and more data was needed to evaluate the use of EBL in small intestine lesions. This sentence was added in the discussion section.

(5) Minor point- Please avoids repetition of sentences (“Results section” - sentences 5<sup>th</sup> and 7<sup>th</sup>).

→Repetition of sentences were corrected as stated by the reviewer.

3 References and typesetting were corrected

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

Sincerely yours,

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