Format for ANSWERING REVIEWERS

August 25, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 11576-edited.doc).

Title: Life threatening bleeding from duodenal ulcer after roux-en-y gastric bypass – case report and review of the literature

Author: : Ivanecz Arpad, Sremec Marko, Ćeranić Davorin, Potrč Stojan, Skok Pavel

Name of Journal: *World Journal of Gastrointestinal Endoscopy*

ESPS Manuscript NO: 11576

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

1 Format has been updated, spelling mistakes corrected, the changes in the text are higlighted

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

(1). *bleeding was not found in the stomach* – initial (first) emergency endoscopy exposed a typical gastrojejunal anastomosis, the endoscope was advanced 30 cm beyond, without evidence of active bleeding or clot. In the "gastric stump" no signs of bleeding were detected. **It is necessary to take into account the fact that the endoscopist was unaware of the type of bariatric intervention.**

(2). *why a gastrotomy was not extended in the duodenum, most commonly the bleeding ulcer lies in the first part of the duodenum on the posterior wall* - At surgical exploration a distended gastric remnant, filled with blood was revealed. Through gastrotomy the clothed blood was evacuated and the gastric remnant explored. No active bleeding was identified. Gastrotomy was extended distally to the pyloric region. There were no signs of bleeding; only bile was seen at this part. The duodenal region was covered by visceral adhesions after previous cholecistectomy; no external signs of ulceration could be identified. An intraoperative endoscopy performed trough gastrotomy showed a large ulcer in the posterior part of the second portion of the duodenum with a bleeding branch of gastro-duodenal artery at the bottom. Endoscopic hemostasis with adrenaline injection was ineffective. A gastrotomy was extended once again to duodenotomy and the bleeding ulcer was over-sewn with stitches. **The surgeon and the endoscopist have tried to resolve the problem of bleeding ulcer with endoscopic hemostasis, but failed.**

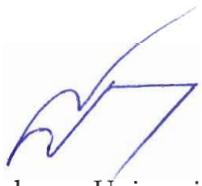
(3). *the ulcer was found on the posterior wall of D2 and was reported to eroding the GDA. This is again more often seen in D1 rather than D2 as the artery lies posterior to D1* - **the remark is true,** during exploration the ulcer was in the posterior part of the second portion of the duodenum and a bleeding branch of gastro-duodenal artery was found.

(4). *On re-exploration for bleeding is it likely the the patient bled from the duodenal stump. closure of this in the earlier procedure must have been difficult as it was fixed to the head of the pancreas* – during re-exploration the blood was evacuated and no source of active bleeding was identified. The further postoperative course was uneventful – **the explanation for diffuse bleeding after the surgical exploration was the use of NSAID diclofenac (100 mg) two times a day before admission** and consequent bleeding disorders.

3 References and typesetting were corrected

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

Sincerely yours,



Prof.Pavel Skok, MD, PhD

Department of Gastroenterology, University Medical Center - Maribor, Ljubljanska ulica 5, 2000 Maribor, Slovenia. pavel.skok@guest.arnes.si

Telephone: +386 2 321 2682 Fax: +386 2 331 2393