

Reviewer 1 (Reviewed by 00503883)

Authors Congratulations for your job! I think this is an interesting article. Lower gastrointestinal bleeding caused by arterial pseudoaneurysm rupture is a life-threatening condition and sometimes the diagnosis is difficult. The proposed treatment by your group was very elegant and effective.

I think you could explain better the clinical condition before the procedure:

blood pressure, peripheral perfusion, renal function, hemoglobin count and hematocrit.

Response: In response to this comments, we added “There was no palpable mass and no evidence of impaired peripheral perfusion. In the emergency department, the patient’s arrival blood pressure was 100/75 mm Hg with a pulse 109 beats/min. Laboratory investigation indicated a creatinine 1.32mg/dL, C-reactive protein 0.94 mg/dL, white blood cells 10240/mm³ and hemoglobin 11.2 g/dL, and hematocrit 32.9%.” to the section of case report

Consider follow-up exams attesting that there was no early and delayed rebleeding.

Response: We added “Follow up sigmoidoscopy in 4 days reveals no evidence of active bleeding (Fig. 1I). CT angiography in 6 months after procedure demonstrated complete remission of aortic pseudoaneurysm and hematoma in the sigmoid mesocolon without evidence of graft infection (Fig. 1J)” to the section of case report.

Reviewer 2 (Reviewed by 00057299)

The authors report an interesting case of a patient with Behcet's disease who had a rare complication of abdominal aortic rupture into the sigmoid mesocolon and lumen of the sigmoid colon. The patient was successfully managed with stent grafting. Gastrointestinal bleeding from aortic aneurysmal rupture is a very rare complication. However, there are some concerns regarding this case report.

How did the authors diagnose Behcet's disease in this patient?

Response: We diagnosed Behcet's disease in this patient based on clinical history and physical examination during hospitalization. The patients had recurrent oral ulcer for 15 years, aphthous ulcer scar in the genitalia and pseudofolliculitis observed by rheumatologist in our hospital. Because one required plus two minor criteria had met the ISG criteria (Lancet 1990; 335:1078-80), we diagnosed Behcet's disease in this patient during his hospital stay.

Previously, did the patient have gastrointestinal manifestation of Behcet' disease?

Response: No, he did not have previous GI manifestation. This is the first GI manifestation in the patient.

How did you manage the patient after successful treatment of GI bleeding?

Response: The patient was treated with antibiotics on the day of the procedure, and during the following 7 days to prevent stent graft infection. The patient has been followed up including CT angiography in 1 month, 6 months and 2 years after stent grafting.

Did the patient have follow-up colonoscopy?

Response: Yes, we did. He underwent follow up sigmoidoscopy in the 4 days after stent grafting

Discussion regarding **short & long-term follow-up** would be helpful for the readers.

Response: We added “Follow up sigmoidoscopy in 4 days reveals no evidence of active bleeding (Fig. 1I). CT angiography in 6 months after procedure demonstrated complete remission of aortic pseudoaneurysm and hematoma in the sigmoid mesocolon without evidence of graft infection (Fig. 1J)” to the section of case report.

Reviewer 3 (Reviewed by 00050424)

Authors The authors report an aortic pseudoaneurysm rupture into the sigmoid colon in a patient with Behcet's disease. It is in fact a very rare case. The presentation is good, the pictures are of high quality and the authors also present an effective non operative management of this fatal complication.

The authors should also provide information about the Behcet's disease.

When and how the diagnosis was performed

Response: We diagnosed Behcet's disease in this patient based on clinical history and physical examination during hospitalization. The patients had recurrent oral ulcer for 15 years, aphthous ulcer scar in the genitalia and pseudofolliculitis observed by rheumatologist in our hospital. Because one required plus two minor criteria had met the ISG criteria (Lancet 1990; 335:1078-80), we diagnosed Behcet's disease in this patient during his hospital stay.

How long had this patient symptom?

Response: The patients had recurrent oral and genital ulcers and scars more than 15 years

Did the patient receive any other treatment except of stent placement?

Response: We established venous access and gave the patient a fluid bolus that had 500cc of 0.9% normal saline. The patient was treated with antibiotics on the day of the procedure, and during the following 7 days to prevent stent graft infection.