



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 42740

Title: Initial management for acute lower gastrointestinal bleeding

Reviewer's code: 02441166

Reviewer's country: Italy

Science editor: Xue-Jiao Wang

Date sent for review: 2018-10-10

Date reviewed: 2018-10-23

Review time: 13 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The mini review titled "Initial management for acute lower gastrointestinal bleeding" from Aoki T and Coworkers is a valuable and exhaustive contribution in the field. This practical review focusses on the initial assessment of LGIB patients, together with risk stratification, initial management, diagnosis and treatment, and medication management.



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Controversial issues are also debated. I think that the paper worth to be published after a reference revision because ref. 8 and 11 are duplicated.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- The same title
- Duplicate publication
- Plagiarism
- No

BPG Search:

- The same title
- Duplicate publication
- Plagiarism
- No



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 42740

Title: Initial management for acute lower gastrointestinal bleeding

Reviewer's code: 02567564

Reviewer's country: India

Science editor: Xue-Jiao Wang

Date sent for review: 2018-10-24

Date reviewed: 2018-10-30

Review time: 6 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The authors should clearly define what is meant by LGI Bleeding (and UGIB and small bowel bleeding) at the very outset. A mention should be made as to how the paradigm has shifted to identification of three (small bowel bleeding) distinctive patterns instead of the earlier recognition of two patterns of bleeding. See Small bowel bleeding: a



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comprehensive review. *Gastroenterol Rep (Oxf)*. 2014 Nov;2(4):262-75. How does systolic blood pressure aid in discriminating UGIB and LGIB? Please clarify with details as the line “. A blood urea nitrogen/creatinine (BUN/Cr) ratio > 30 (likelihood ratio, 7.5)[15], nasogastric aspirate/lavage with blood or coffee grounds (likelihood ratio, 9.6)[15], and systolic blood pressure (odds ratio [OR], 0.725/5 mmHg increase)[16] are useful to distinguish UGIB. Upper endoscopy is recommended if the likelihood of UGIB is high” does not clarify the direction of association There is a distinct divide amongst the cause of LGIB in the West and the tropical countries and this should be alluded to. Diverticular bleeding is much less common a cause in tropical countries while infectiuous colitis like amebic and enteric fever are more common. The issue of anticoagulants and antiplatelet use and LGIB is extremely important and it would be better if the authors provide a flow-chart or a table for assessment of anticoagulation and when to stop, when to reverse (and how) anticoagulation. In Table 3 it is better to exclude data from meta-analysis and provide only data from original comparative studies

INITIAL REVIEW OF THE MANUSCRIPT

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BPG Search:

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[Y] No