

April 18, 2019

About Invited Manuscript ID: (03735232) entitled “Diagnosis and therapeutic strategies for hemorrhagic small bowel vascular lesions” by Atsushi Nakajima

Prof. Subrata Ghosh and Andrzej S Tarnawski

Editor-in-chief, *World Journal of Gastroenterology*

Thank you for your letter concerning the above-mentioned manuscript. I received your letter on April 12 and have since revised the manuscript. I am pleased to note the favorable comments of the editor and reviewers, and I have made the necessary corrections, as described in detail on the following pages. I appreciate the editor and reviewers' comments and hope that the revised manuscript will meet with their approval.

Sincerely,

Response to Editor

Thank you very much for your useful suggestions. Your comments have been addressed in the revised manuscript, which we feel is now greatly improved as a result.

1. For manuscripts submitted by non-native speakers of English, please provided language certificate by professional English language editing companies.

Thank you for your useful comment. This manuscript was revised by native speaker, which was guaranteed by attached file “Proof revision by native speaker”. Please confirm.

2. Please offer the audio core tip.

Thank you for your useful comment. We prepared the audio core tip and uploaded with other files.

3. Please distinguish between the title of the article series. Three levels of subtitles are allowed: (1) First subtitle: All in bold and capital; (2) Second subtitle: All in bold and italic; and (3) Third subtitle: All in bold.

Thank you for your useful suggestion. I revised all the subtitles as you recommended.

Please confirm revised manuscript.

4. Please don't include abbreviations in the title of the figure/table. Please explain all the abbreviations of each figure/table under each piece of figure/table legends.

We apologize for our mistake. We corrected aforementioned expressions. Please confirm Figure legends in the revised manuscript.

5. Please don't include any *, #, †, §, ‡, ¥....in your manuscript; Please use superscript numbers for illustration; and for statistical significance, please use superscript letters.

Thank you for your useful comment. We corrected Figure 4 and 5, as you pointed out.

Please confirm revised Figure 4 and 5.

6. Please check and confirm that there are no repeated references! Please add PubMed citation numbers (PMID NOT PMCID) and DOI citation to the reference list and list all authors. Please revise throughout. The author should provide the first page of the paper without PMID and DOI.

I confirmed there are no repeated references. And I added PMID and DOI citation to the reference list.

7. Please provide the decomposable figure of figures, whose parts are all movable and editable, organize them into a PowerPoint file, and submit as “Manuscript No. -Figures.ppt” on the system, we need to edit the words in the figures. All submitted figures, including the text contained within the figures, must be editable. Please provide the text in your figure(s) in text boxes.

Thank you for your useful comment. We provided editable Figures as you suggested.

Response to Reviewer #03737603

Thank you very much for your useful suggestions. Your comments have been addressed in the revised manuscript, which we feel is now greatly improved as a result.

1. My suggestion regards the methodology, could you please describe which free text and MESH terms were used and how many database were searched?

Thank you for your useful comment. To describe the present review article, a comprehensive literature search was conducted using PubMed database. The MeSH terms used were “angiodysplasis” or “angioectasia” or “vascular ectasia” or “vascular lesions” or “Dieulafoy’s lesion” or “arteriovenous malformation”. The search was limited to manuscripts published in English language only. Subsequently, we manually selected manuscripts regarding lesions located at small bowel. According to your suggestion, we added aforementioned information in the Method section (page 7, line 9-14).

Response to Reviewer #02520845

Thank you very much for your useful suggestions. Your comments have been addressed in the revised manuscript, which we feel has now been greatly improved as a result.

1. I would suggest improving the conclusion validity.

Thank you for your useful comment. According to your comment, we improved conclusion section. We deleted the last sentence and added the summary of diagnosis and treatment for the small bowel vascular lesions (page 23, line 9-16).

Response to Reviewer #02567564

Thank you very much for your useful suggestions. Your comments have been addressed in the revised manuscript, which we feel has now been greatly improved as a result.

1. Title: May be changed to Diagnosis and therapeutic strategies for small bowel vascular lesions.

Thank you for your useful comment. As you pointed out, small bowel vascular lesions are not always bleeding. According to your suggestion, we revised manuscript title into “Diagnosis and therapeutic strategies for small bowel vascular lesions”.

2. Some terms are introduced suddenly like P1 and P2.

Thank you for your useful comment. I reviewed the present article, and added appropriate explanation for terms suddenly introduced.

Page 9, line 5-6. We added an explanation of VEGF; a central mediator in the early phases of angiogenesis.

Page 11, line 6-7. The term P1 and P2 lesion is not always used in recent articles.

Therefore we deleted the term P1 and P2 lesion, and added the explanation of less relevant lesions (tiny red spot or erosion).

3. Other problems with Tc labelled RBC scans including difficulty in localization of site of bleed should be mentioned.

Thank you for your useful comment. As you pointed out, radionuclide scanning includes difficulty in accurate localization of the bleeding site. According to your suggestion, we added aforementioned problem to the text concerning radionuclide scanning (page 13, line 23-4).

4. The choice of investigation is often guided by the clinical status of the patient and these caveats should be mentioned.

Thank you for your useful comment. As you pointed out, the choice of investigation is often guided by the clinical status of the patient and these caveats. For example, endoscopic investigation is not recommended for patients with hemodynamic

instability. In contrast, radiographic examinations are especially useful for patients with ongoing overt bleeding, but for patients with occult bleeding, because the bleeding rate threshold is relatively high. It is important to understand the characteristics of each diagnostic modalities and adequate timing for clinical application. According to your suggestion, we added aforementioned comment to the section of “DIAGNOSIS” (page 10, line 5-11) and conclusion (page 23, line 9-12).

5. Emerging role of emergency CE should find a mention.

Thank you for your useful comment. Since the diagnostic yield of VCE is highest when it was performed during ongoing overt bleeding, the emergent VCE is useful. To note, emergent VCE is useful not only for identifying cause of bleeding, but also for determining subsequent management plan. According to your suggestion, I added aforementioned description in the text (page 10, line 21-4).

6. What is the clinical implication of the Yamamoto classification.

Thank you for your useful comment. Yano-Yamamoto classification enables real-time endoscopic diagnosis of small bowel vascular lesions and helps in the selection of an optimal treatment approach. According to your comment, we added the clinical implication of the Yano-Yamamoto classification in the text (page23, line 12-3).

I would like to thank the editor and reviewers for their helpful comments, and I hope that the revised manuscript is found to be acceptable for publication in *World Journal of Gastroenterology*.

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