



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 55352

Title: Giant splenic artery aneurysm presenting with massive upper gastrointestinal bleeding: A case report and review of literature

Reviewer's code: 03252388

Position: Editorial Board

Academic degree: FACG, MD

Professional title: Assistant Professor, Staff Physician

Reviewer's Country/Territory: United States

Author's Country/Territory: Italy

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Reviewer chosen by: Jin-Zhou Tang

Reviewer accepted review: 2020-04-12 22:05

Reviewer performed review: 2020-04-14 13:20

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

the authors present a unique case of upper gi bleeding due to large splenic artery aneurysm . The case is very interesting and the figures and photographs are excellent.

1-Please elaborate on the decision to do endoscopic therapy with cyanoacrylate injection. I do not think this should be the treatment of a suspected vascular lesion of unknown etiology, especially if the patient does not have known varices. This is an arterial lesion, and although injection was done it may have subjected the patient to unnecessary risk of inducing bleeding+/- vascular thrombosis and embolization. The abstract conclusion suggests that treatment is by sequential endoscopic and surgical approach. The treatment should be solely by surgical approach. 2-was the lesion pulsatile on endoscopy?

3-please see attached file for minor needed edits (in yellow)