

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 57451

**Title:** Major gastrointestinal bleeding and antithrombotics: characteristics, and management

**Reviewer's code:** 03830061

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

**Reviewer's Country/Territory:** Greece

**Author's Country/Territory:** France

**Manuscript submission date:** 2020-06-09

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2020-06-09 11:41

**Reviewer performed review:** 2020-06-23 09:25

**Review time:** 13 Days and 21 Hours

<b>Scientific quality</b>	<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 Grade E: Do not publish
<b>Language quality</b>	<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
<b>Conclusion</b>	<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
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	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**

GI bleeding is a common challenge in everyday practice and its prevalence is increasing with the expanding use of antithrombotics. This research aims to address this subject and evaluate possible correlations between GI bleeding locations and antithrombotic drugs. In doing so the authors detected a higher rate of bleeding lesion identification (in comparison to previous publications) and suggested different patterns of exposure and bleeding sites. Specifically, they detected a larger proportion of oral anticoagulant use in patients with a lower GI bleeding site than among those with an upper GI bleeding site and a larger proportion of antiplatelet drug use among patients with an upper GI bleeding site than among those with a lower GI bleeding site, hence adding valuable information to the preexisting bibliography. This is a prospective study which fits the scope of the journal and the research methodology appears to be well structured. The title is clear and representative of the subject of the article and along with the abstract they both successfully summarize the actual content and properly point to what will be further analyzed. The objectives are well articulated and reached and the conclusions are justified. I have only few comments: - Minor English revision is required. Per es: "It can be noted that major GI bleeding during hospitalization when the patient was referred for another reason to emergency, as well as intentional overdoses of antithrombotics, were excluded." Difficult to comprehend. "...between January 1, 2013 and December 31, 2015 to the emergency department..." "...191 with upper GI symptoms and 192 with lower GI symptoms, because investigations yielded negative results (174 patients) or because of no investigations were performed (209 patients)." - It would be useful to report the total number of GI bleedings during the study period (including patients not receiving antithrombotic therapy), in order to calculate the rate of GI bleedings in patients receiving antithrombotic therapy. -" Few patients required



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surgery or embolization.” The word “few” is vague. A number should be reported. Moreover, as the purpose of this study was to “To describe clinical characteristics, bleeding locations, management and in-hospital mortality related to these events.”, the authors should also assess whether a specific antithrombotic therapy was correlated with failed endoscopy requiring surgery or embolization. -How many patients with symptoms of lower GI bleeding (hematochezia) were diagnosed to have upper GI bleeding? -The limitations of the study are not clearly mentioned and should be more clearly summarized in the end of the discussion section.