

Dear Editor and Reviewers,

Thank you for your comments and advice. We have revised our manuscript according to your comments. Our responses to the reviewers are listed below.

Reviewer #1:

Authors could have made a table of salient clinical features of 150 reported cases of HP.

Response:

Thank you for your suggestion. We created a table showing the salient clinical features of cases of HP published in English in the Discussion section.

Reviewer #2:

This is an excellent report on a very rare condition with a clear description of the patient's course, review of literature and pertinent diagnostic and therapeutic methods. The illustrations are relevant and informative.

Response:

Thank you for your appreciation.

Reviewer #3:

1-I think the authors should highlight the importance of complementary tests (e.g. CT scan), in the diagnosis of obscure overt upper gi bleeding. If the other hospitals had performed a ct scan, they would have discovered the chronic pancreatitis and pseudoaneurysm and treated this patient much earlier.

Response:

Thank you for your suggestion. We improved the clarity of the text and added the importance of complementary tests to the Discussion section.

2- also the authors should highlight the importance of examining the second portion of the duodenum with a side viewing scope, espeically if the endoscopist finds blood in the duodenum, but no obvious lesion. A side viewing duodenoscopy (ERCP scope) would evaluate the ampulla for any active bleeding, and the periampullary area for dieulafoy lesions. we occasionally can see blood coming out of the ampulla and diagnose hemobilia/bleeding from the ampulla during the EGD.

Response:

Thank you for your suggestion. The duodenal papilla in some patients cannot be observed during EGD. A side-viewing duodenoscope can be used in this situation to observe whether bleeding from the ampulla is present. Therefore, in patients with recurring or persistent gastrointestinal bleeding, EGD should be performed repeatedly, or a side-viewing duodenoscope should be used. We added the importance of using side-viewing duodenoscopy to evaluate the ampulla for active bleeding in the Discussion section.

Reviewer #4:

Despite they say it is a rare condition, the same authors stated that more than 150 case are already described in literature. The article is poorly written, with many mistakes and informal language. Figures are good quality, despite they should add more figure about embolization technique. Too many references are included.

Response:

Thank you for your comments. 1. Although the total number of HP cases is approximately 150, only 21 cases of HP caused by a gastroduodenal pseudoaneurysm are available in the English-language literature. We have improved the text for accuracy in the Introduction and Discussion parts. 2. We will improve the language of article continuously. 3. We added two videos showing the embolization technique in the Treatment section. 4. Case reports generally have 30–60 references in WJG or WJCC. The number of references in our article is in this range.