

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: In this report, the authors reported a rare case of a secondary duodenal ulcer by migrated coli used for digital subtraction angiography (DSA) embolization before. I think the case is worthy to be published because it reminds us of the possibility that embolization coil may be pushed out from a vessel and become a cause of a gastrointestinal ulcer. However, I have some questions and I think some corrections will improve the quality of the report. 1. What was the cause of the first acute gastrointestinal bleeding (GIB)? The authors should clearly show that the duodenal ulcer did not exist in the first GIB episode and form after the first GIB episode, because of migrated coli. 2. As the author mentioned in discussion, endoscopy is the best initial method for the diagnosis and treatment of upper gastrointestinal bleeding. If so, the authors should describe why second esophagogastroduodenoscopy was not performed before DSA. 3. There are several mistakes about indexes, units, and spaces. Please correct them.

Reviewer #2:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Rejection

Specific Comments to Authors: Which coils embolized were penetrating to duodenum? Did you remove 5 coils? Stopping blood flow might make ischemic ulcer. Did you find any ischemic change in duodenum soon after DSA or in any follow up EGD? I would think migration of embolization coil is not so rare.

Dear reviewers,

Thank you very much for reviewing our manuscript. Your kind comments and constructive suggestions have helped us a lot to further improve the quality of our work. All of your comments have been carefully discussed and revised in detail in the article. We are very pleased to have this chance to communicate with you.

Reviewer #1:

Q1: What was the cause of the first acute gastrointestinal bleeding (GIB)? The authors should clearly show that the duodenal ulcer did not exist in the first GIB episode and form after the first GIB episode, because of migrated coli.

Reply:

The patient underwent esophagogastroduodenoscopy seven days before the acute GIB, which showed that the duodenal bulb was covered with a layer of dirty yellow moss, but no signs of bleeding were found. Based on your kind suggestions, we have described it in more detail (revised manuscript, line 115-117) and uploaded the image with the revised manuscript (revised manuscript, Figure 1). Unfortunately, images of the duodenal bulb on the day after interventional treatment were not obtained, because of obscurity caused by the bloody fluid and yellow moss, which resulted in our inability to estimate if there was ulcer formation after interventional therapy, so this is a limitation which needs to be acknowledged (revised manuscript, line 284-287).

DSA imaging showed extravasation of contrast agent in the branch of the GDA, but esophagogastroduodenoscopy performed before the hemorrhage failed to identify bleeding source. The cause of the first episode of acute GIB was considered and discussed by authors. However, based on the available evidence, we could not draw firm conclusions. The following hypotheses were proposed: First, there was a bleeding spot covered by yellow moss that was temporarily inactive and could not be detected by examiners. Second, the presence of a bleeding spot in the distal duodenum or small intestine, which cannot be reached by esophagogastroduodenoscopy, was another hypothesis (revised manuscript, line 187-195).

Q2: As the author mentioned in discussion, endoscopy is the best initial method for the diagnosis and treatment of upper gastrointestinal bleeding. If so, the authors should describe why second esophagogastroduodenoscopy was not performed before DSA.

Reply:

When the acute GIB and hemorrhagic shock occurred in this patient, emergency consultation of gastroenterology and DSA department was conducted. Recently, we contacted the two doctors who had attended the consultation at that time and had a discussion about this question. Here is a summary of what we have discussed and we have also added relevant descriptions in the revised manuscript.

The patient in our case report experienced an acute attack of GIB and

hemorrhagic shock, but esophagogastroduodenoscopy performed 7 days earlier failed to identify any bleeding site. Consultation of the gastroenterology and DSA department suggested the possibility of small intestinal bleeding. Hematemesis, hematochezia, and even hemorrhagic shock may also occur in severe cases with massive bleeding in the small intestine. According to the ACR Appropriateness Criteria, transcatheter arteriography or intervention treatment is likely more appropriate and beneficial for a hemodynamically unstable patient with small intestinal bleeding. In this condition, intervention is considered the safest. Hemostatic measures could be initiated immediately after the bleeding site was identified using DSA, regardless of the presence of upper or lower GIB. Esophagogastroduodenoscopy was riskier because of the time lost during the procedure if the bleeding site failed to be identified in the upper digestive tract. Therefore, the patient underwent interventional treatment without performing second esophagogastroduodenoscopy (revised manuscript, line 257-271).

Q3: There are several mistakes about indexes, units, and spaces. Please correct them.

Reply:

With reference to the guidelines for authors, the article has been carefully corrected and revised from beginning to end, the indexes, units, and spaces have been checked carefully. In addition, we accepted the service of a language polish company, who has not only improved the quality of the language to meet the publication requirement, but also proofread the typesetting of the article strictly according to the requirements of the journal. Certificate of the language polish company has been uploaded with the revised manuscript.

Reviewer #2:

Q1: Which coils embolized were penetrating to duodenum?

Reply:

Information regarding the migrated coils could be useful in developing effective measures. However, the coils removed with the endoscope were not recorded or retained, so we were unable to confirm which embolized coils were penetrating the duodenum. It should be acknowledged that this is a limitation of our study (revised manuscript, line 287-291).

Q2: Did you remove 5 coils?

Reply:

The meaning we wanted to express in the original manuscript was not clear, so we have made modifications and explanations in the revised manuscript to make it better understood by the readers (revised manuscript, line 183-184, 215-218).

Figure 4 revealed two radiating metallic dense shadows, one of which was located in the duodenal bulb. However, we could not estimate the exact number of displaced coils from CT. Finally, two coils were removed by endoscopy, leaving only one visible coil remains in the duodenal bulb due to difficulties in complete removal and risk of bleeding. Coils that could not be observed by the endoscope were not removed.

Q3: Stopping blood flow might make ischemic ulcer. Did you find any ischemic change in duodenum soon after DSA or in any follow up EGD?

Reply:

We are sorry that Figure 2 of the original manuscript was not clear enough, so we have replaced it with a clearer one (revised manuscript, Figure 3A), which revealed diffuse congestion and swelling of the mucosa in the gastric corpus on the day after DSA, accompanied by diffuse erosion. Venous congestion formed a clear boundary with bloody fluid attached to the surface. Uneven distribution of blood flow may lead to ischemia in certain parts of the digestive tract. Unfortunately, due to the obscurity caused by the bloody fluid and yellow moss, available images of the duodenal on the day after interventional treatment were not obtained, so we were unable to estimate if there were ischemic changes in duodenum. We have acknowledged this part as a limitation of the case report (revised manuscript, line 284-287).