



## PEER-REVIEW REPORT

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

**Manuscript NO:** 78280

**Title:** Massive bleeding from gastric submucosal arterial collaterals secondary to splenic artery thrombosis: A case report and literature review.

**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 06271739

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

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

**Manuscript submission date:** 2022-06-18

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-06-18 18:46

**Reviewer performed review:** 2022-06-22 12:17

**Review time:** 3 Days and 17 Hours

<b>Scientific quality</b>	<input checked="" type="checkbox"/> Grade A: Excellent <input 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 Grade E: Do not publish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 checked="" type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



**Baishideng  
Publishing  
Group**

7041 Koll Center Parkway, Suite  
160, Pleasanton, CA 94566, USA  
**Telephone:** +1-925-399-1568  
**E-mail:** bpgoffice@wjgnet.com  
**https://**www.wjgnet.com

<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**

Martino et al. present a case of upper GI bleeding with an extremely rare pathogenic mechanism - submucosal gastric splenic collaterals. As any upper GI situation it is an emergency situation, even more so in the case of arterial source of bleeding. I find the article well organised, the pictures and the accompanying video are of utmost usefulness (an image is worth a thousand words). There are here and there some spelling errors, but this should not obscure the real value of the paper. I consider it very appropriate for publishing once the little spelling errors have been corrected (e.g. in the abstract case summary section, there are duplicate words "emerging arising"). Congratulations!



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**Reviewer's code:** 05098925

**Position:** Editorial Board

**Academic degree:** MD

**Professional title:** Assistant Professor, Doctor, Lecturer, Staff Physician

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

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

**Manuscript submission date:** 2022-06-18

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-06-18 14:14

**Reviewer performed review:** 2022-06-26 03:18

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<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
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### **SPECIFIC COMMENTS TO AUTHORS**

A multidisciplinary minimally invasive approach for massive bleeding from gastric submucosal arterial collaterals secondary to splenic artery thrombosis: A case report and literature review. The authors reported the rare case of gastric submucosal arterial collaterals (GSAC) secondary to splenic artery thrombosis (SAT), which was successfully managed with endoscopic clipping followed by elective transcatheter arterial embolization (TAE). The authors should be commended on their work. There are a few areas where additional information would enhance the manuscript. 1. Did the author investigate the cause of SAT (such as a hypercoagulable stage) 2. Because the patient had a GSAC with subsided bleeding (presence of sign of recent bleeding but not ongoing bleeding), this is the urgent condition for applying the definite treatment. Attempting endoscopic clipping did not obliterate the culprit vessel lesion and might result in a high chance of rebleeding. Please provide the rationale for endoscopic clip placement instead of putting the patient into TAE treatment.