



PEER-REVIEW REPORT

Name of journal: *World Journal of Radiology*

Manuscript NO: 79799

Title: Unmasking lower gastrointestinal bleeding under administration of norepinephrine

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05226306

Position: Editorial Board

Academic degree: FACS, MBBS, MCh, MD, MNAMS

Professional title: Additional Professor

Reviewer's Country/Territory: India

Author's Country/Territory: Germany

Manuscript submission date: 2022-09-09

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-09-12 04:10

Reviewer performed review: 2022-09-12 04:47

Review time: 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" 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 Grade E: Do not publish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 type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<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

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
-------------------------------------	---

SPECIFIC COMMENTS TO AUTHORS

1. The title to be revised (language error) 2. Were the 41 pts with lower gi bleed consecutive pts? 3. Can NE be used in all patients with varying comorbidities? 4. What was the dose of NE used? How many times was the NE injected in a single pt? 5. Can the complication of ischemia requiring hemicolectomy be ruled out as not due to NE? 6. What are the study limitations?



PEER-REVIEW REPORT

Name of journal: *World Journal of Radiology*

Manuscript NO: 79799

Title: Unmasking lower gastrointestinal bleeding under administration of norepinephrine

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05560822

Position: Editorial Board

Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: Egypt

Author's Country/Territory: Germany

Manuscript submission date: 2022-09-09

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-09-24 04:23

Reviewer performed review: 2022-10-04 22:48

Review time: 10 Days and 18 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" 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 checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input 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

Peer-reviewer statements	Peer-Review: [<input type="checkbox"/>] Anonymous [<input checked="" type="checkbox"/>] Onymous Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No
-------------------------------------	---

SPECIFIC COMMENTS TO AUTHORS

Good work, written by a simple readable language. I have two comments First: the title of the manuscript should be modified. Second: being a retrospective study, how do you get the consent from the patients



PEER-REVIEW REPORT

Name of journal: *World Journal of Radiology*

Manuscript NO: 79799

Title: Unmasking lower gastrointestinal bleeding under administration of norepinephrine

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02663444

Position: Peer Reviewer

Academic degree: MD

Professional title: Assistant Professor, Doctor

Reviewer's Country/Territory: Taiwan

Author's Country/Territory: Germany

Manuscript submission date: 2022-09-09

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-09-23 07:06

Reviewer performed review: 2022-10-06 09:00

Review time: 13 Days and 1 Hour

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 type="checkbox"/> Grade B: Minor language polishing <input checked="" 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 type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



Peer-reviewer statements Peer-Review: [] Anonymous [Y] Onymous Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

1. The authors proposed a new method trying to increase positive LGI bleeding detection rate by intravenous norepinephrine injection in a very small limited case series (4 patients). Although the ideal of increasing systemic blood pressure to unmask the bleeding is reasonable but vasopressors may also induce non-vital organ vasospasm (including kidney, bowel, and extremities... etc) if hypovolemic status persists. Thereafter, simultaneous intravenous fluid supplement (including transfusion) should be important too. 2. The authors reported the cumulated dose of norepinephrine up to 40µg. What is the maximal dose per bolus injection and the minimal time interval between each injection? 4. What’s the differences from the pharmacologic point of view between norepinephrine and the other vasopressors (e.g. epinephrine or dopamine)? 3. It’s not correct of the statement in the 3rd paragraph of the Discussion: “Three of four patients had no complications after embolisation.” One patient did not received embolization therapy and one patient had complicated with ischemic bowel. 4. 5th paragraph of the “ Discussion ”: 10% ischemic complication can not be regarded as rare. 5. What’s the CTA findings of the two patients? positive or negative? 6. Based on what evidence did you perform prophylactic embolization in those 2 patients and what’s their clinical outcome? 7. In the current series, 23 patients had negative angiographic findings, but norepinephrine was injected in only 4 patients. What’s the inclusion criteria for this provocative test (angiographic negative patients with systolic blood pressure ≦ 90 or 100 mmHg) ? What’s the blood pressure of the other 19 patients during the angiographic study? 8. patient-1 showed contrast extravasation from the middle colic artery, thereafter, the bleeding site should be hepatic flexure instead of cecum. 9. Provide the



**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

full name of the abbreviation of the coil used in Table1.



RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: *World Journal of Radiology*

Manuscript NO: 79799

Title: Unmasking lower gastrointestinal bleeding under administration of norepinephrine

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02663444

Position: Peer Reviewer

Academic degree: MD

Professional title: Assistant Professor, Doctor

Reviewer's Country/Territory: Taiwan

Author's Country/Territory: Germany

Manuscript submission date: 2022-09-09

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2022-10-26 00:23

Reviewer performed review: 2022-10-26 00:27

Review time: 1 Hour

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 type="checkbox"/> Grade B: Minor language polishing <input checked="" 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 type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Peer-reviewer	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous

statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

1. The authors proposed a new method trying to increase positive LGI bleeding detection rate by intravenous norepinephrine injection in a very small limited case series (4 patients). Although the ideal of increasing systemic blood pressure to unmask the bleeding is reasonable but vasopressors may also induce non-vital organ vasospasm (including kidney, bowel, and extremities... etc) if hypovolemic status persists. Thereafter, simultaneous intravenous fluid supplement (including transfusion) should be important too.

2. The authors reported the cumulated dose of norepinephrine up to 40µg. What is the maximal dose per bolus injection and the minimal time interval between each injection?

4. What's the differences from the pharmacologic point of view between norepinephrine and the other vasopressors (e.g. epinephrine or dopamine)?

3. It's not correct of the statement in the 3rd paragraph of the Discussion: "Three of four patients had no complications after embolisation." One patient did not received embolization therapy and one patient had complicated with ischemic bowel.

4. 5th paragraph of the " Discussion ": 10% ischemic complication can not be regarded as rare.

5. What's the CTA findings of the two patients? positive or negative?

6. Based on what evidence did you perform prophylactic embolization in those 2 patients and what's their clinical outcome?

7. In the current series, 23 patients had negative angiographic findings, but norepinephrine was injected in only 4 patients. What's the inclusion criteria for this provocative test (angiographic negative patients with systolic blood pressure \leq 90 or 100 mmHg) ? What's the blood pressure of the other 19 patients during the angiographic study?

8. patient-1 showed contrast extravasation from the middle colic artery, thereafter, the bleeding site should be hepatic flexure instead of cecum.

9. Provide the full name of the abbreviation of the coil used in Table1.