

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Pathophysiology

ESPS manuscript NO: 25810

Title: Culprit for Recurrent Acute Gastrointestinal Massive Bleeding: "Small bowel Dieulafoy's Lesions"- A Case Report and Literature Review

Reviewer's code: 02542060

COMMENTS TO AUTHORS

In this manuscript, a recurrent acute massive GI bleeding caused by duodenum Dieulafoy lesion was reported. The lesion occurred in an elderly male with many basic diseases including bleeding duodenal bulb ulcers. The ulcers were treated endoscopically and subsequently discharged off anticoagulation. However, acute GI bleeding recurrent after 2 days of discharge. Urgent EGD found 2 bleeding duodenum Dieulafoy lesions and bleeding was controlled by epinephrine injection and 4 clips. Dieulafoy lesion is a rare cause of GI hemorrhage and mostly occurs in the stomach. About 15% Dieulafoy lesions locate in duodenum. Currently, endoscopic treatment has been used more frequently for hemostasis, especially the endoscopic mechanical methods. In this case report, hemostasis was achieved by the epinephrine injection and clips. This may be a new combination therapy. However, the text is not well arranged and some description of history of present illness is not clear enough.

We appreciate the reviewer about the positive thoughts. We do recommend to supply hemostasis by a combination therapy we also reviewed the previous papers results. We have modified our case presentation and given the subsequent complicated course of the patient.

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Reviewer's code: 03478404

COMMENTS TO AUTHORS

The strongest point of this manuscript is reporting on a very rare diagnosis, successfully solved. Congratulations to the authors. The topic of the manuscript falls within the scope of the World Journal of Gastrointestinal Pathophysiology. The manuscript is concise and clear. The pictures are illustrative. The English language is fairly good. The experience presented in the manuscript could improve the readers' practice. However, the overall structure of the manuscript is not complete, key words are missing (they appear on the Journal site, but not in the manuscript).

We do appreciate the reviewer's positive thoughts and beneficial recommendations. We have included the key words upon submission.

The major deficiencies of the manuscript regard the "discussions" and, mainly, the "references". The "discussions" could be expanded, and other cases from the literature added, since this manuscript is a case report and includes a review of the literature. The authors mentioned in Table 1 only case studies (besides this one, which is a case report). The case characteristics could be commented more in the "discussions".

We have modified that to case report instead of case series, table 1 is also updated.

The references mention first the title and then the authors, which is unacceptable. Also, not important data are included in some references. The references are not numbered in the order of their appearance in the text. Reference nr. 9 is the same as reference nr. 15. This looks very superficial. Also, more recent references could be included. Some changes that could improve the manuscript and some required corrections are added in the attached file.

We have reorganized the references, re-numbered them, modified the format of the references like authors, titles etc. We truly appreciate the reviewer's comments and input.

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Reviewer's code: 02998194

COMMENTS TO AUTHORS

It is necessary to organise better the text.

We appreciate the reviewer's comments. We have arranged the text in a better fashion now as per the reviewer's input.

It is about an artery mostly located within 6 cm from the gastroesophageal junction in the gastric cardia The references are misplaced.

We have re-organized the references according to the journals guideline.

What was the f/up time?

We have included the subsequent course of the patient

"The patient did not rebleed during the same hospitalization. But given his recurrent bleeding episodes and overall poor prognosis the family opted for hospice care after 5 more stable hospital days and patient passed away in peace at home 2 days after discharge on hospice". We did appropriate changes in the manuscript per the reviewer's guidance.