

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 62280

Title: Successful diagnosis and treatment of jejunal diverticular haemorrhage by full-thickness enterotomy: A case report

Reviewer's code: 03251562

Position: Editorial Board

Academic degree: MD

Professional title: Associate Professor, Doctor

Reviewer's Country/Territory: United States

Author's Country/Territory: China

Manuscript submission date: 2021-01-18

Reviewer chosen by: Ya-Juan Ma

Reviewer accepted review: 2021-01-21 02:09

Reviewer performed review: 2021-01-21 03:14

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 Grade E: Do not publish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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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



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SPECIFIC COMMENTS TO AUTHORS

Ma and Colleagues report a case of jejunal duodenal diverticulum that was successfully managed by surgery and had one year follow up without any re-bleeding. Authors mentions use of upper endoscopy, colonoscopy and mesenteric angiography that could not identify source of bleeding. Finally diverticulum was identified during surgery and authors report nice images to demonstrate actively bleeding diverticulum. Authors do not comment on use of balloon enteroscopy, Tagged RBC scan, CT or MR Angiography, or laparoscopic assisted enteroscopy to locate and treat the bleeding prior to considering open surgery with enterostomy. Based on amount of bleeding reported here, one would expect mesenteric angiography would have been positive and would be good to know what authors thought was the reason for negative mesenteric angiogram. Minor comments: - Consider specifying amount of bleeding - Authors report amount of hematemesis was suspected to be 100 ml and Selena suspected to be 200 ml. Are these values hourly or for entire 6 hours of presentation?