

## ESPS PEER REVIEW REPORT

**Name of journal:** World Journal of Gastrointestinal Endoscopy

**ESPS manuscript NO:** 14898

**Title:** Gastrointestinal bleeding from Dieulafoy's lesion: Clinical presentation, endoscopic findings, and endoscopic therapy

**Reviewer code:** 00505481

**Science editor:** Xue-Mei Gong

**Date sent for review:** 2014-11-02 13:53

**Date reviewed:** 2014-11-22 17:36

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input checked="" type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

A well done paper...only one concern: a little bit too long to be a paper published in a Journal! Might be some pictures could be taken off

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**Name of journal:** World Journal of Gastrointestinal Endoscopy

**ESPS manuscript NO:** 14898

**Title:** Gastrointestinal bleeding from Dieulafoy's lesion: Clinical presentation, endoscopic findings, and endoscopic therapy

**Reviewer code:** 00724450

**Science editor:** Xue-Mei Gong

**Date sent for review:** 2014-11-02 13:53

**Date reviewed:** 2014-11-26 15:27

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

Dear Editor, Nojkov et al. Presented a review of Dieulafoy's lesion that is a really uncommon but interesting disease. It is an important etiology of acute gastrointestinal (GI) bleeding and many times can confuse with the other etiologies and have some difficulties for the diagnosis. As these parameters this review has an important value for the literature and clinicians for the awareness of this lesion. The authors were well presented the literature, as for diagnosis, treatment. It can be accepted as a manuscript.

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**Name of journal:** World Journal of Gastrointestinal Endoscopy

**ESPS manuscript NO:** 14898

**Title:** Gastrointestinal bleeding from Dieulafoy's lesion: Clinical presentation, endoscopic findings, and endoscopic therapy

**Reviewer code:** 00503883

**Science editor:** Xue-Mei Gong

**Date sent for review:** 2014-11-02 13:53

**Date reviewed:** 2014-11-30 06:19

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input checked="" type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

Comments To Authors Congratulations for your excellent job! I just have one consideration: in your article middle GI bleeding is characterized when located between the ligament of Treitz and the cecum. In most recent articles middle GI bleeding was characterized when origin was located between the papilla and the ileocecal valves (1,2). Hadithi M., Heine G.D., Jacobs M.A., Van Bodegraven A.A., Mulder C.J. (2006) A prospective study comparing video capsule endoscopy with double-balloon enteroscopy in patients with obscure gastrointestinal bleeding, Am J Gastroenterol 101:52-57. Raju G.S., Gerson L., Das A., Lewis B. (2007) American Gastroenterological Association (AGA) Institute medical position statement on obscure gastrointestinal bleeding, Gastroenterology 133:1694-1696.