



PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 62002

Title: Early colonoscopy and urgent contrast enhanced computed tomography for colonic diverticular bleeding reduces risk of rebleeding

Reviewer's code: 03724141

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: United States

Author's Country/Territory: Japan

Manuscript submission date: 2020-12-25

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-12-25 09:30

Reviewer performed review: 2021-01-03 09:58

Review time: 9 Days

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 Grade E: Do not publish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 checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input 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



**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

SPECIFIC COMMENTS TO AUTHORS

The authors have conducted an important study. It is important to have urgent CT imaging in patients with diverticular bleeding to better stratify patients who will benefit from endoscopic evaluation. It is important work and have potential clinical implications. I have few minor comments

1. Why do the authors feels the lower rates of rebleeding in urgent CT group? This needs to be discussed in more detail as diverticular bleeding tend to self-resolves.
2. Was there any difference in rates of endoscopic intervention in patients who were found to have SRH on colonoscopy? This needs to be reported and compared between both groups.
3. Following on number 2, if there was no difference in intervention between urgent and late CT group, should we even perform colonoscopy when we have found the bleeding origin to be doverticular?
4. Table 3 needs to be reorganized so that can be easily understood by readers.