

## Format for ANSWERING REVIEWERS



May 22, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: Answering reviewers 10692.docx).

**Title:** Active gastrointestinal diverticulum bleeding diagnosed by CT angiography.

**Author:** Xie-Qun Xu, Tao Hong, Bing-Lu Li, Wei Liu

**Name of Journal:** *World Journal of Gastroenterology*

**ESPS Manuscript NO:** 10692

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

(1) **Reviewer code:** 00011709

The case report does not report anything novel. Ct angiography is used commonly at most centers to evaluate and diagnose clinically significant GI bleed. Surgery is usually the last resort and it is increasingly becoming uncommon to perform surgery for single episode of diverticular bleed.

N/A

(2) **Reviewer code:** 00036328

My only comment to the authors is to clarify the role of angiography in patients with massive gastrointestinal diverticular bleeding.

CT angiography is accurate in the diagnosis of acute gastrointestinal bleeding and can show the precise location and aetiology of bleeding, CT angiography could be used for the first line diagnostic method for most of the patients with active gastrointestinal bleeding without relative absolute contraindications.

(3) **Reviewer code:** 02905121

What are the most common methods of diagnosis currently? How often is CT-angio used for diagnosis? Why isn't CT angio utilized more often? What are indications and contraindications for CT-angio? What is the accuracy of detection? These questions should be addressed to improve the novelty of this paper.

These questions were addressed in the manuscript.

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

A handwritten signature in blue ink, appearing to read 'Xie-Qun Xu', is written over a faint, illegible background.

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