

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 10692

Title: Active gastrointestinal diverticulum bleeding diagnosed by CT angiography

Reviewer code: 00011709

Science editor: Ya-Juan Ma

Date sent for review: 2014-04-15 14:42

Date reviewed: 2014-04-15 19:04

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

COMMENTS TO AUTHORS

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.

ESPS Peer-review Report**Name of Journal:** World Journal of Gastroenterology**ESPS Manuscript NO:** 10692**Title:** Active gastrointestinal diverticulum bleeding diagnosed by CT angiography**Reviewer code:** 00036328**Science editor:** Ya-Juan Ma**Date sent for review:** 2014-04-15 14:42**Date reviewed:** 2014-04-17 05:25

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"/> Existed	<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)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

It is a well written and well-documented report of two cases of active gastrointestinal (GI) diverticular bleeding. Although rare, massive gastrointestinal diverticular bleeding is a life-threatening condition especially in older patients with multiple medical problems and in treatment with antithrombotics. When feasible, emergent endoscopy is the standard diagnostic and therapeutic tool for GI bleeding. When endoscopy is unfeasible or inconclusive, CT angiography can be useful in localizing active sources of bleeding before treatment. The management of massive GI diverticular bleeding includes surgical or non-surgical treatment. Angiography with superselective embolization is a therapeutic option in patients where endoscopy failed. Surgery should be considered in patients with ongoing bleeding and failure of interventional treatment and in patients who suffered from recurrent severe diverticular bleeding. My only comment to the authors is to clarify the role of angiography in patients with massive gastrointestinal diverticular bleeding.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 10692

Title: Active gastrointestinal diverticulum bleeding diagnosed by CT angiography

Reviewer code: 02905121

Science editor: Ya-Juan Ma

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" 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)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This paper reports 2 patients with GI diverticulum bleeding who were diagnosed by CT angiography. While interesting, the importance and novelty of this diagnostic tool is not really highlighted. 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.