ROUND 1

Dear editors and reviewers, *World Journal of Clinical Cases*

Thank you very much for your kind consideration and forwarding the reviewers' comments on our manuscript "**Massive gastrointestinal bleeding after endoscopic rubber band ligation of internal hemorrhoids: case report and review of the literature**". We appreciate your insightful suggestions and believe that these suggestions have improved the quality of our paper. We hope that the revised version of our manuscript meets your requirements for publication.

The following comprises point-by-point replies to the reviewers` and editors` specific comments. Thanks again for your great efforts on our manuscript, thank you!

Reviewers' comments:

Reviewer #1:

Original comment(s)： There are some points that should be better clarified in the materials and methods: 1. the type of hospitalization and the duration 2. The type of pain relief used 3. costs of the procedure in terms of personnel, materials and drugs.

Reply: Thank you for your valuable question on these details. We have added these information in the manuscript. 1. The patient received hospitalization and the duration was 17 days. 2. The patient received Diprivan (Propofol Injection, 20ml, 200mg) for anesthesia during the therapy, and intramuscular injection of 10 mg of tramadol after the therap; 3. The cost of the procedure is 1500 $, including endoscopy+ ligation therapy(800 $), drugs(200 $) and hospitalization (500 $).

Original comment(s)： **I**n the discussion it should be clarified why the patient should undergo intraprocedural analgesia and hospital admission in the face of an outpatient procedure and is generally performed without the use of

analgesic drugs with lower costs. So the questions to answer are - what are patient's benefits of this approach? - who are patients who could benefit from it given that the complications of the two techniques seem to overlap? - what are the advantages for patients in undergoing ERBL which appears more complex than RBL with the same results and complication's rate?

Reply: Thank you for your valuable question. We have noticed that ERBL has been performed in outpatient department without the use of analgesic drugs. Though the therapeutic advantages of ERBL on traditional RBL with anoscopy have not been evidently revealed. However, advantages of ERBL is that the patient can simultaneously receive colonoscopy. Flexible colonoscopy can define the cause of lower gastrointestinal bleeding, and to exclude other severe causes such as colorectal cancer. Therefore, we continuously performed colonoscopy and ERBL under analgesia. Moreover, a hospitalization of 3-5 days can help us easier to direct postoperative care (diet, activity etc.), and to manage adverse reaction such as pain. Though previous report showed that patients may receive more pain during ERBL, as ERBL may be performed in retrospective position, which expand the rectum. The patient in our case avoid such intraoperative pain during analgesia. We have added such information in the “Treatment” section. Thank you very much!

Reviewer #2:

Original comment(s) : The paper "Massive gastrointestinal bleeding after endoscopic rubber band ligation of internal hemorrhoids: case report and review of the literature" covers an interesting topic. Even that it is only a case report, it should be published as it is an unusual case and also it covers the possible complications of Rubber band ligation from the literature. The title and the illustration are very representative. These case reports are very representative and important for the young doctors, especially for the endoscopist. However, I would include in this presentation some discussion about rubber band ligation in patients under antiagregants and anticoagulant

treatment.

Reply: Thank you for your wonderful suggestion. Though ERBL are generally considered a safe therapy. The patients under antiaggregant and anticoagulant treatment have higher risk of postoperative bleeding. And they took almost all the cases with severe post-ERBL or post-RBL bleeding (*summarized in Table1*). Therefore, it is recommended by various guidance that these patients should stop antiaggregant or anticoagulant in perioperative period. We have added such information in the discussion. Thank you very much!

Reviewer #3:

Original comment(s)： The manuscript is full of spelling and grammar mistakes, English editing should be done. ABSTRACT section: “serve” should be replaced by “severe” and “weak” by “weakness” What is meant by “errhysis” and "hepatapotemia"

Reply: Thank you for your suggestion. We are terribly sorry for those spelling and grammar mistakes. We invited native speaker to help us perform language editing and we have corrected those error in the main text. We replaced “serve” by “severe”, “weak” by “weakness”, "hepatapotemia" by “hepatic failure”. “errhysis” by “oozing of blood”. Thank you very much for your correction!

Original comment(s)： The authors did not mention any tips and tricks to avoid the rare incidence of severe ERBL bleeding. There are many similar cases in literature, what is new introduced by this article?

Reply: Thank you for your suggestion. The incidence of severe ERBL bleeding is rare, and are reported in several isolated case reports. In previous cases, almost all patients had history of antiagregants/anticoagulant intake, or coagulation disorder. So it is recommended by various guidance that these

patients should stop antiaggregant or anticoagulant in perioperative period (3-7days before and after ligation). However, our case presented a young female patient with no coagulation disorder or drug history, which remind us that these patients also had the possibility of severe post-ERBL bleeding and need strict follow-up. That is the new introduced by this article. Moreover, to avoid postoperative bleeding, the patient is requested to take light diet, and oral laxatives (10ml, tid) was given to soften the stool after ERBL.
We have added these information in the "treatment" and "discussion" section, thanks again for your efforts!

Original comment(s) : INTRODUCTION section: What is meant by the word "sitz" in page 5? In page 5, you mean "retracted" instead of "retreated"? How did you remove the Ischemic necrotic tissue?
Reply: Thank you for your suggestion. We are terribly sorry for those spelling and grammar mistakes. We replaced "stiz bath" by "warm water bath", and "retreated" by "retracted". We removed the ischemic necrotic tissue by forcep. We have added these information in the main text, thanks again for your efforts!

Original comment(s) : Case report: You mentioned that 3 hemoclips were applied while in the figures there are 4 hemoclips! Also better to use the term clips instead of clamp! Also the type and size of the clips should be mentioned.
Reply: Thank you for your remind. We are sorry for neglecting to provide the detail of the therapy. The patient received twice endoscopic hemostatic treatment on Day 7 and 9 after ERBL. On day 7, 2 hemoclips were placed. On day 9, ischemic necrotic tissue containing 1 hemoclip was removed by forcep, and 3 more hemoclips were placed and successfully stopped the bleeding. Therefore in the figures there are 4 hemoclips. We replaced "clamp" by "clip". We have added these detail and information about the type and specification

of the hemoclip (ROCC-D-26-195-C, Micro-Tech(Nanjing) Co., Ltd, Maximum Span width⩾10mm) in the main text, thanks again for your efforts!

Editors' comments:

The editor's original comment(s)： This manuscript reported a case of massive bleeding after endoscopic rubber band ligation. This manuscript contains some English writing errors and needs to be revised. Please add type and duration of hospital stay; type of pain relief used; discussion of anticoagulants and rubber band ligation in anticoagulant-treated patients, and new information presented by this study, etc. This manuscript is more suitable for publication in the World Journal of Clinical Cases.

Reply: Thank you very much for your guidance on the manuscript. We are deeply regret for the writing errors. We revised the language by American Journal Experts (AJE) and the certificate is provided. We have added type and duration of hospital stay; type of intra operative and postoperative pain relief used; discussion of anticoagulants and rubber band ligation in anticoagulant-treated patients, and new information presented by this study, according to your advices.

Thank you very much for your time and insightful suggestion! Thanks again for your great efforts on our manuscript!

Yours Faithfully,
Dr. Jun Song

ROUND 2

Dear editors and reviewers, *World Journal of Clinical Cases*

Thank you very much for your kind consideration and forwarding the reviewers' comments on our manuscript "**Massive gastrointestinal bleeding after endoscopic rubber band ligation of internal hemorrhoids: case report and review of the literature**". We appreciate your insightful suggestions and believe that these suggestions have improved the quality of our paper. We hope that the revised version of our manuscript meets your requirements for publication.

The following comprises point-by-point replies to the reviewers` and editors` specific comments. Thanks again for your great efforts on our manuscript, thank you!

Reviewers' comments:

Reviewer #1:

Original comment(s) : 1-in the abstract section: why the recovery was unsatisfactory?

Reply: Thank you for your valuable question on these details. As we mentioned in the OUTCOME AND FOLLOW-UP section. Although hemorrhoids prolapse disappeared after ERBL, she was dissatisfied with the subsequent complications (massive bleeding). We have added the information in the abstract.

Original comment(s) : 2-Why not using hemospray instead of hemoclips which may cut through the ulcerated necrotic tissue

Reply: Thank you for your valuable question. We missed such important information during the therapy. We indeed, firstly used hemospray (Endoscopic electrosurgical hemostatic forceps (FD-410LR, Olympus Corporation)) at the anal wound. However, hemospray failed to treat the active oozing of blood. Therefore, we applied hemoclips. We have

added such information in the main text.

Original comment(s)： 3-Piles prolapsing through the anus should be grade III or IV not grade II as mentioned in the final diagnosis

Reply: Thank you for your remind. Physical examination of the anus showed prolapsed hemorrhoids during defecate movements (Figure 1A), and it automatically retracted after defecation. According to the Goligher's classification, the patient was diagnosed as grade II internal hemorrhoids.

TABLE 2. Classification of Internal Hemorrhoids

Grade	*Physical Findings*
I	Prominent hemorrhoidal vessels, no prolapse
II	Prolapse with Valsalva and spontaneous reduction
III	Prolapse with Valsalva requires manual reduction
IV	Chronically prolapsed manual reduction ineffective

Excerpt from: The American Society of Colon and Rectal Surgeons Clinical Practice Guidelines for the Management of Hemorrhoids[J]. Dis Colon Rectum, 2018,61(3):284-292.

Original comment(s)： 4- In page 6 last paragraph, forcep should be replaced by forceps

Reply: Thank you for your suggestion. We have corrected in the main text.

Original comment(s)： 5-The two sessions of hemoclipping on days 7 and 9 should be mentioned in more details in the abstract section

Reply: Thank you for your suggestion. We have added this detail in the abstract section.

Editors' comments:

The editor's original comment(s)： 1. There are some specific comments to be modified in the second-round review. Please revise the manuscript according to its comments and make a point-to-point response to the review comments. Note that it is not my opinion, but the reviewer's opinion. Please see the attachment for the reviewer's opinion（74287_RevisionReviewReport）. -----2. According to policy requirements, it is not allowed to cite more than 3 documents from the same journal. Please verify 【Dis Colon Rectum-4，12，14，15，30，31，35，36】【Gastrointest Endosc-8，16，17，18，20，34】and modify them. Please make sure to modify (74287_Auto_Edited) on the basis of the attached manuscript.

Reply: Thank you for your valuable suggestion. 1 We have revised the manuscript according to reviewer 's comments, and made a point-to-point response to comments (Seen above), the revised contents are also highlighted in the main text. 2 We have verified the references and revised the reference list according to the policy requirements. Some references 【Dis Colon Rectum-4，12，14，15，31】【Gastrointest Endosc-8，16，20】were removed from the text. The order of reference list in the main text and the table has been revised. Thanks for your efforts on our manuscript.

Thank you very much for your time and insightful suggestion! Thanks again for your great efforts on our manuscript!

Yours Faithfully,
Dr. Jun Song