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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

Ms: 1800

Title: Bleeding Dieulafoy's lesions of the small bowel and colon identified by capsule endoscopy

Reviewer code: 00035896

Science editor: j.x.cheng@wjgnet.com

Date sent for review: 2013-01-07 17:28

Date reviewed: 2013-01-21 21:16

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 checked="" 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 checked="" type="checkbox"/> No records	

COMMENTS

CONFIDENTIAL COMMENTS TO EDITOR:

The case reports are of interest due to the rare discovery of arterial bleed in mucosal breaks found in the small bowel and colon. This is the relative novelty. The other aspect; use of VCE and therapy has been amply defined in large series.

COMMENTS TO AUTHORS:

I have reviewed MS 00035896, EPS Manuscript no 1800; Bleeding Dieulafoy's lesion of the small bowel and colon identified by capsule endoscopy. By Ciobanu et al. The paper describes 4 patients with overt OGIB in a course of about 6 years out of a total of 227 capsule endoscopies of which 70 were investigated for overt bleed (5.7%). The novelty of these cases is the putative pathology of an arterial source specifically in the small bowel and one in the colon. Discovery of the lesions led to successful endoscopic therapy. The type of vascular abnormality and the location of Dieulafoy's lesion makes the cases rare and as such worthy of publication (for example, the same report with angiodysplasia would not achieve the same accord). The grade is C+ for the MS. In general I have only a few comments. The title itself is a little confusing since DLs were primarily described in the proximal stomach and it has been suggested by the authors of one review quoted by the current authors that the term DL - like may be more appropriate. Second the diagnosis is primarily clinical as defined by others but no histopathology is possible. As stated above because the novelty of the report is the type of vascular lesion, it may be worthwhile to briefly describe the histopathology of DLs to emphasize differences from other vascular lesions which are more common (? In the discussion or introduction). After all, the CE diagnosis and subsequent therapeutic interventions for other vasculopathies are amply described. Although NSAID use is eliminated in 1 of the cases (no3)



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given the possible role in initiation of bleed it is important to identify or eliminate such use in the other 3 cases also. In the limitations I think that again it should be stated that no histopathology was possible but clinical criteria are acceptable. Finally there are a number of spelling and syntax errors which should be corrected. These include the Abstract on cardiovascular instability, Case 1 lesion in First jejunal loops, Case 2 CE suggestive of DL not for, Discussion 2nd line "till our days" eg until today or modern times, Pg 6 1st paragraph technically difficult. Finally the persistent misspelling of hemoglobin (no e at end). Also a few others. The language grade is B. References are appropriate.