

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Clinical Cases*

**Manuscript NO:** 74287

**Title:** Massive gastrointestinal bleeding after endoscopic rubber band ligation of internal hemorrhoids: A case report

**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 06109343

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Professor

**Reviewer's Country/Territory:** Egypt

**Author's Country/Territory:** China

**Manuscript submission date:** 2021-12-20

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-12-28 22:29

**Reviewer performed review:** 2022-01-07 21:16

**Review time:** 9 Days and 22 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" 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 type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>Peer-reviewer statements</b>	Peer-Review: [ <input checked="" type="radio"/> ] Anonymous [ <input type="radio"/> ] Onymous Conflicts-of-Interest: [ <input type="radio"/> ] Yes [ <input checked="" type="radio"/> ] No
-------------------------------------	---

## SPECIFIC COMMENTS TO AUTHORS

Comments: The manuscript is full of spelling and grammar mistakes, English editing should be done. 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? ABSTRACT section: “serve” should be replaced by “severe” and “weak” by “weakness” What is meant by “errhysis” and “hepatapotemia” 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? 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.

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Clinical Cases*

**Manuscript NO:** 74287

**Title:** Massive gastrointestinal bleeding after endoscopic rubber band ligation of internal hemorrhoids: A case report

**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 05345677

**Position:** Editorial Board

**Academic degree:** PhD

**Professional title:** Professor

**Reviewer's Country/Territory:** Romania

**Author's Country/Territory:** China

**Manuscript submission date:** 2021-12-20

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-01-17 09:20

**Reviewer performed review:** 2022-01-21 22:00

**Review time:** 4 Days and 12 Hours

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 checked="" type="checkbox"/> Grade A: Priority publishing <input 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: [ ☒ ] Anonymous [ ☐ ] OnymousConflicts-of-Interest: [ ☐ ] Yes [ ☒ ] No**SPECIFIC COMMENTS TO AUTHORS**

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.

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Clinical Cases*

**Manuscript NO:** 74287

**Title:** Massive gastrointestinal bleeding after endoscopic rubber band ligation of internal hemorrhoids: A case report

**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 03714081

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Consultant Physician-Scientist, Lecturer, Surgical Oncologist, Teacher

**Reviewer's Country/Territory:** Italy

**Author's Country/Territory:** China

**Manuscript submission date:** 2021-12-20

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-01-15 08:23

**Reviewer performed review:** 2022-01-23 15:47

**Review time:** 8 Days and 7 Hours

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 type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>Peer-reviewer statements</b>	Peer-Review: [ <input checked="" type="radio"/> ] Anonymous [ <input type="radio"/> ] Onymous
	Conflicts-of-Interest: [ <input type="radio"/> ] Yes [ <input checked="" type="radio"/> ] No

## SPECIFIC COMMENTS TO AUTHORS

The work is a good quality case report. The case is presented briefly. The analysis of the literature is good, although there is some confusion between the studies. ERBL and RBL.

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, In 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?

## RE-REVIEW REPORT OF REVISED MANUSCRIPT

**Name of journal:** *World Journal of Clinical Cases*

**Manuscript NO:** 74287

**Title:** Massive gastrointestinal bleeding after endoscopic rubber band ligation of internal hemorrhoids: A case report

**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 06109343

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Professor

**Reviewer's Country/Territory:** Egypt

**Author's Country/Territory:** China

**Manuscript submission date:** 2021-12-20

**Reviewer chosen by:** Jia-Ru Fan

**Reviewer accepted review:** 2022-03-25 21:53

**Reviewer performed review:** 2022-04-06 02:45

**Review time:** 11 Days and 4 Hours

<b>Scientific quality</b>	<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
<b>Language quality</b>	<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
<b>Conclusion</b>	<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
<b>Peer-reviewer</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



**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>

statements

Conflicts-of-Interest: [ ] Yes [Y] No

#### **SPECIFIC COMMENTS TO AUTHORS**

1-in the abstract section: why the recovery was unsatisfactory? 2-Why not using hemospray instead of hemoclips which may cut through the ulcerated necrotic tissue 3-Piles prolapsing through the anus should be grade III or IV not grade II as mentioned in the final diagnosis 4- In page 6 last paragraph, forcep should be replaced by forceps 5-The two sessions of hemocclipping on days 7 and 9 should be mentioned in more details in the abstract section