

## ESPS PEER REVIEW REPORT

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

**ESPS manuscript NO:** 14768

**Title:** Bleeding and Clotting in Hereditary Hemorrhagic Telangiectasia

**Reviewer code:** 01593993

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2014-10-24 17:20

**Date reviewed:** 2014-11-01 03:04

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<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	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Existing	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

## COMMENTS TO AUTHORS

The authors describe an interesting clinical case that is clinically relevant for the community. It has been nicely written with good review of the literature. I have a couple of issues to be addressed: - Is there any association between HHT and thrombotic events in the coronary system? Please elaborate a little bit on that in any case (association reported or not). - The authors mentioned the potential role of warfarin, low dose aspirin or new OACs on the treatment. What about clopidogrel and new antiplatelet agents prasugrel and ticagrelor? Is there any beneficial effect or harm with these drugs?

## ESPS PEER REVIEW REPORT

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

**ESPS manuscript NO:** 14768

**Title:** Bleeding and Clotting in Hereditary Hemorrhagic Telangiectasia

**Reviewer code:** 00502922

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2014-10-24 17:20

**Date reviewed:** 2014-11-22 04:23

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"/> Existing	<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	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Existing	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

## COMMENTS TO AUTHORS

Interesting case report regarding HHT. The case is not particularly rare or even uncommon so has minimal novelty. The discussion and review is nicely carried out and is something that is commonly encountered with HHT patients though: balancing anticoagulation and bleeding risk versus clot formation/propagation. Introduction: Cerebral AVMs are actually quite uncommon in these patients but cerebral telangiectasias are common. Bleeding HHT section: The authors note “As vascular lesions in the brain decrease in size, ICH becomes less common (AVF>macro AVMs>micro AVMs>telangiectasia).” I understand what the authors are saying here but someone not in the cerebral field may interpret this as there may be regression in an AVF/AVM to a low risk lesion. Spontaneous regression of an AVM (usually after bleeding) has been reported as case reports. The authors should clarify that they mean the bleeding risk decreases in this order. Cerebral abscess from pulmonary AV shunting as outlined by this case are particularly problematic. Was ligation of the AV shunt to decrease the chances of this discussed? The authors discuss new anticoagulation regimens: which “include the direct thrombin (factor IIa) inhibitor, dabigatran, and the factor Xa inhibitors, rivaroxaban and apixaban (Figure 3). Indications vary by agent, but all have been studied for stroke.” One element that must be made clear and highlighted further is that reversal of some of these agents following haemorrhage has not been clearly defined. Specifically, reversal of dabigatran in the acute setting of clinically relevant haemorrhage is only possible with hemodialysis which is often difficult/time consuming. Thus I would not treat any HHT patients