

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

Ms: 2316

Title: Negative Capsule Endoscopy in Patients with Obscure Gastrointestinal Bleeding reliable: recurrence of occult bleeding on long-term follow-up

Reviewer code: 00035896

Science editor: s.x.gou@wjgnet.com

Date sent for review: 2013-02-17 09:17

Date reviewed: 2013-02-27 05:59

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[Y] Grade A (Excellent)	[] Grade A: Priority Publishing	Google Search:	[] Accept
[] Grade B (Very good)	[Y] Grade B: minor language polishing	[] Existed	[] High priority for publication
[] Grade C (Good)	[] Grade C: a great deal of language polishing	[] No records	[] Rejection
[] Grade D (Fair)	[] Grade D: rejected	[] Existed	[Y] Minor revision
[] Grade E (Poor)		[] No records	[] Major revision

COMMENTS

COMMENTS TO AUTHORS:

The article Ms no. 2316, “Negative capsule endoscopy in patients with obscure gastrointestinal bleeding reliable: recurrence of bleeding on long - term follow - up” by Riccioni et al describes a 9 year experience with interpretation of capsule endoscopies of the small bowel. They retrospectively present information on 696 patients who underwent CE for either overt or occult GI bleed with negative standard tests. They excluded for detailed analysis 489 patients and instead concentrated on outcome in 207 patients in whom the CE proved negative. They found a statistically lower rebleed rate over a median of 24 months in these CE negative patients compared to the CE positive group in a ratio of 1 : 2.75, (CE -)16.4% vs. (CE) + 45.1% . The CE- patients had various other explanations found later in 60%. No explanation was found in the rest. In multivariate analysis age <65 and melena on presentation were found to be predictors of rebleed in CE- patients. In addition the markers of accuracy for CE were very satisfactory. Overall I think this is a very good and usefull paper giving the reader a concise and clear outcome expectation of a negative CE and fills a gap in the knowledge about the use of this diagnostic modality. I have only some minor comments. Prior to publication the manuscript should be reviewed by someone proficient in English. This also applies to the title. I would probably remove the Italian commentary pg 5 bottom and upper third of pg 6. On pg 4 in the patients and methods Occult bleed defined as drop of >2g/dL of hemoglobin. Although better described in the methods I would add the positive FOBT in that definition. In the Tables, It would be easier if Table 1 had a footnote



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outlining O.A.T/LMWH Table 2 a footnote about T.A.O. References: A PubMed search for this topic revealed 300 articles to 2007 the approximate mean of quoted references. Three articles with similar theme not quoted by the authors were found. None had included as many patients as the current study. These found either low recurrence rate of bleed in negative CE or no difference in outcome. Kim S et al Dig Dis Sci, 2009; 54: 2441-8 Lorenceau-Savale C et al Gastroenterol Clin Biol 2010 ; 34 : 606-11 Iwamoto J, Hepatogastroenterology 2011 ; 58 : 301 - 305

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Name of Journal: World Journal of Gastroenterology

Ms: 2316

Title: Negative Capsule Endoscopy in Patients with Obscure Gastrointestinal Bleeding reliable: recurrence of occult bleeding on long-term follow-up

Reviewer code: 00225277

Science editor: s.x.gou@wjgnet.com

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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 checked="" 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

COMMENTS TO AUTHORS:

The present study is a very interesting assessment of hemorrhage outcome when capsule endoscopy is negative in the diagnostic work-up of middle digestive hemorrhage. Negative CE in a patient less than 65 years old or without melena has a reduced rebleeding rate compared with patients older than 65 years or those with GI hemorrhage exteriorized with melena. These conclusions are accordance with the results of this retrospective study. The Aim of the study, the Materials and Methods, Comments and Conclusions are adequate. There are only two other recent studies on this field, one by Tong J (Can J Gastrenterol) and the other by Kim JB et al. (J



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Gastroenterol Hepatol Frequency of rebleeding events in obscure GI bleeding with negative capsule endoscopy J GastroenterolHepatol. 2013 Feb 21). This former study included a long follow-up with an increasing rebleeding rate along the follow-up period. The conclusion of the Kim JB study should be taken into account in the conclusion of the paper. Minor, Italian comments remain in the text (pages 5 and 6) and should be removed.

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Name of Journal: World Journal of Gastroenterology

Ms: 2316

Title: Negative Capsule Endoscopy in Patients with Obscure Gastrointestinal Bleeding reliable: recurrence of occult bleeding on long-term follow-up

Reviewer code: 00058687

Science editor: s.x.gou@wjgnet.com

Date sent for review: 2013-02-17 09:17

Date reviewed: 2013-03-01 21:10

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 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"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS

COMMENTS TO AUTHORS:

There are some italian sentences in the text, is it really final version? Did you perform balloon enteroscopy in some patients with positive GIT bleeding and negative CE? If yes, what were the findings? Did you try to repeat reading of negative capsule record in positive GIT bleeding by second physician? What was interobserver agreement?? Suitable for publication after minor corrections.