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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 4630

Title: Spontaneous intrahepatic and subgaleal hemorrhage in antiphospholipid syndrome following anticoagulation therapy

Reviewer code: 00742216

Science editor: Gou, Su-Xin

Date sent for review: 2013-07-12 09:10

Date reviewed: 2013-07-13 11:08

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 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 TO AUTHORS

To the authors: This is a case report of the patient with anti-phospholipid syndrome (APS), who had repeatedly represented intrahepatic hemorrhage during the warfarin treatment. The authors have reported that this case is rare, because the patients showed no risk factors of bleeding, and international normalized ratio (INR) of PT was within normal range. Finally, the authors suggest that another anticoagulation therapy is suggested in such cases. Overall, the report is well written and the quality of the photos is good. However, the reason why this case repeatedly showed the hemorrhage irrespective of normal INR is still unclear. I suggest Discussion section should be revised thoroughly. Moreover, long follow-up data of PT INR should be shown. Major points: 1. The possible relationship between APS and transient hemorrhage should be discussed more in detail. 2. To emphasize the normal laboratory findings in this case, a table representing the serum data should be shown. Moreover, because there have been many studies of the relationship between the risk of hemorrhage and sub-therapeutic levels of PT INR in warfarin-treated patients, the authors should represent the long follow-up data of PT INR and confirm that this case has no risk of bleeding during the long period. Minor points: # Title: "spontaneous" is inappropriate, because the relationship between the occurrence of hemorrhage and the prior anti-coagulation treatment cannot be denied. # Abstract, line 5, full word of "APS" should be described. # Abstract, last line: "Such a condition has not been previously described" to be deleted. The authors should concisely suggest the points need to be kept in mind when clinicians treat such cases. # p. 3 (Introduction), last line: "Such a condition" is obscure. I am afraid that such phrases are vague and can mean almost anything about this case. # p. 5 (full-text), phrases "with uncertainly" should be changed or deleted. I am afraid the readers of this



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journal would wonder if the authors often treat the patient without logical argument. # p. 8 (Discussion), 3rd paragraph: "Behranwala KA, et al had multiple risk factors" should be corrected to "had suggested", or so. # Discussion: the authors should carefully re-examine the photos of CT-scan, and discuss the possibility of micro-aneurysm in the liver and brain.



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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 4630

Title: Spontaneous intrahepatic and subgaleal hemorrhage in antiphospholipid syndrome following anticoagulation therapy

Reviewer code: 00007076

Science editor: Gou, Su-Xin

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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 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 checked="" type="checkbox"/> Rejection
<input checked="" 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 TO AUTHORS

In this case report Park and colleagues describe the case of a young female with APS who developed intrahepatic and subgaleal hemorrhage during the conventional treatment with warfarin. Substitution of the drug with clopidogrel solved the problem. Although this condition has never been described the question of its relevance has to be considered.



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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 4630

Title: Spontaneous intrahepatic and subgaleal hemorrhage in antiphospholipid syndrome following anticoagulation therapy

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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 type="checkbox"/> Accept
<input checked="" 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 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"/> Rejection
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

This is a well written novel case report that will require some revisions and additions for me to recommend publication. Minor revision suggestions are as follows: 1. Line 16 page 3 "therapy" should read "therapy". 2. Page 4 lines 12 and 13: "second" should read "seconds". 3. Page 4 line 15 "anti-smith" should read "anti-Smith". 4. Page 8 line 8: ";" should read ":". 5. Page 9 line 19 "have not been occurred" should read "have not occurred since" or "have not since occurred." Finally major addition that should be required to make this case report also a teaching case for its readers: A further expansion of the discussion to re-explain the "teaching pearl" regarding the how to recognize intra-hepatic bleeding in a timely manner. But also you need to add an explanation as to why a the clopidogrel was combined with the hydroxychloroquine in this case. Also you need to present a plausible explanation as to why this patient no longer developed bleeding after the anticoagulation switch. With these teaching points attached, I believe this case-report provides the reader novel insights that could positively enhance patient care in the future.