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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 4772

Title: Ileal polypoid lymphangiectasial bleeding diagnosed and treated by double balloon enteroscopy.

Reviewer code: 02445658

Science editor: Wen, Ling-Ling

Date sent for review: 2013-07-24 13:41

Date reviewed: 2013-07-25 11:26

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"/> 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

Good case report Suggest check references if any on anticoagulation increasing risk of bleeding in patients with lymphangiectasia



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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 4772

Title: Ileal polypoid lymphangiectasial bleeding diagnosed and treated by double balloon enteroscopy.

Reviewer code: 00227582

Science editor: Wen, Ling-Ling

Date sent for review: 2013-07-24 13:41

Date reviewed: 2013-07-29 05:32

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 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

Ileal polypoid lymphangiectasial bleeding diagnosed and treated by double balloon enteroscopy
Case study This is really more a case study than a review, although the Introduction and Discussion are somewhat extended. I have found examples in your manuscript of verbatim copying of prior work. This is not allowed except in the case of authors' own preliminary papers (abstract, conference, workshop, symposia, theses and dissertations). Unless you use quotes. Examples - Much of first paragraph of the Introduction is copied from - Secondary lymphangiectasia of the small bowel: utility of double ... by AV Safatle-Ribeiro et al. Dig Dis 2008;26:383-386 (not cited). And from - Polypoid Vascular and Lymphatic Malformation of the Duodenum: a ... by JW Kim - 2010 (your cite 10). Much of first and second paragraph of the Discussion copied from Intestinal lymphangiectasia in adults by HJ Freeman - 2011 (your cite 13). The writing of the authors themselves is ok. The case study presented appears ok, although I am not a clinician.



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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 4772

Title: Ileal polypoid lymphangiectasial bleeding diagnosed and treated by double balloon enteroscopy.

Reviewer code: 01438558

Science editor: Wen, Ling-Ling

Date sent for review: 2013-07-24 13:41

Date reviewed: 2013-08-05 13:14

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

COMMENTS TO AUTHORS

This is an interesting case report about small bowel bleeding from a solitary ileal polypoid intestinallymphangiectasia. My comments were as follows: 1. This patient was accompanied by anemia. Did it need any blood transfusion? 2. Although it might have been difficult to detect this polypoid lesion anyway due to its small size by CT, the authors should describe that performed CT was enhanced or not. 3. As the authors described, most lymphangiectasias are found in the duodenum or jejunum in general. Were there any other lymphatic lesions in the small bowel? Was this really solitary lesion?



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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 4772

Title: Ileal polypoid lymphangiectasial bleeding diagnosed and treated by double balloon enteroscopy.

Reviewer code: 02542022

Science editor: Wen, Ling-Ling

Date sent for review: 2013-07-24 13:41

Date reviewed: 2013-08-10 22:41

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

COMMENTS TO AUTHORS

(Major points) 1. Taking warfarin and receiving hemodialysis in the end-stage renal disease are well known risk factors for bleeding. In elderly patients, angioectasias, especially multiple lesions can be major bleeding foci. Although the authors regarded the polypoid lymphangiectasia as a bleeding foci, another concurrent bleeding foci should be ruled out. Because video capsule endoscopy could not rule out other bleeding foci (due to poor ability for localization) and whole small bowel evaluation by DBE was not performed, another bleeding foci including multiple lymphangiectasia cannot be ruled out. 2. The authors described the possible mechanism of lymphangiectatic bleeding, citing Davidson, et al. and Poirier and Alfidi, who postulated opening of the latent lymphatic-vessel connections. The question is that if the authors could find this pathologic lymphatic-vessel connection in this case (whether it is venous or arterial) or obstruction of lymphatic channel? Is it possible to find in the pathologic slides? If yes, is it possible to show the specific pathologic figures additionally? 3. During admission and after DBE procedures, what was the strategy for anticoagulation? Was warfarin stopped? Did the authors use heparin? When was the anticoagulation started again? 4. It seems like three months are not enough time to see the recurrent bleeding. If there were another bleeding foci, recurrent bleeding could develop. (Minor points) 1. Discussion is too redundant. Please focus on the bleeding lymphangiectasia. 2. Angiodysplasia does not seem to be appropriate keyword