

**ESPS Peer-review Report****Name of Journal:** World Journal of Gastroenterology**ESPS Manuscript NO:** 10613**Title:** Posterior Nasopharyngeal Epistaxis in Cirrhosis Masquerading as Severe Upper Gastrointestinal Hemorrhage**Reviewer code:** 00050195**Science editor:** Su-Xin Gou**Date sent for review:** 2014-04-10 18:55**Date reviewed:** 2014-04-18 00:39

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 checked="" type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	language polishing	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**

The authors make an important point regarding the dangers of epistaxis in patients with ESLD. I think the high incidence of NG placement deserves a little more discussion. Is there a way to predict those patients for whom NG placement is associated with a high risk of haemorrhage? Of similar ESLD patients who had a NG tube placed how many developed epistaxis? Also ESLD is now considered a procoagulant state with a higher incidence of DVT and PE. This might be protective against bleeding and also warrants a comment.

# ESPS Peer-review Report

**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 10613

**Title:** Posterior Nasopharyngeal Epistaxis in Cirrhosis Masquerading as Severe Upper Gastrointestinal Hemorrhage

**Reviewer code:** 00071717

**Science editor:** Su-Xin Gou

**Date sent for review:** 2014-04-10 18:55

**Date reviewed:** 2014-05-01 22:19

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" 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 checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	language polishing	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

The authors described the prevalence, diagnosis, treatment, and outcomes of ESLD patients with severe epistaxis masqueraded as upper gastrointestinal hemorrhage. We have limited knowledge in this subject and the authors made an important observation. Well written and discussed study. Authors mentioned that one patient died due to uncontrolled recurrent epistaxis and very severe hemorrhage. Readers may wonder, how did the other patients died in hospital?.