

ESPS Peer-review Report
Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 11527

Title: Successful Hemostasis of Intractable Rectal Variceal Bleeding Using Variceal Embolization

Reviewer code: 02942440

Science editor: Ya-Juan Ma

Date sent for review: 2014-05-26 19:44

Date reviewed: 2014-05-30 13:47

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)		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

General comments: This manuscript described a rare case of a 39-year-old female patient with liver cirrhosis who experienced recurrent rectal variceal bleeding even after successful TIPS and was successfully treated with variceal embolization. This case report also reviews the role of TIPS in rectal variceal bleeding, but also implies the role of variceal embolization with Gelform in recurrent rectal variceal bleeding, showing the usefulness and safety of variceal embolization for the successful hemostasis of rectal variceal bleeding. The manuscript was very well written. The table and figures were also quite clearly presented and the references were appropriate, relevant and updated.

Specific comments: 1. Please recheck the definition of portal hypertension. In discussion part on page 6, the sentence of "Portal hypertension is defined as increased hepatic venous pressure gradient of more than 10 mmHg" needs to be corrected. Portal hypertension is defined as HVPG more than 5 mmHg and clinically significant portal hypertension means more than 10 mmHg of HVPG.

ESPS Peer-review Report
Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 11527

Title: Successful Hemostasis of Intractable Rectal Variceal Bleeding Using Variceal Embolization

Reviewer code: 01214413

Science editor: Ya-Juan Ma

Date sent for review: 2014-05-26 19:44

Date reviewed: 2014-06-12 11:34

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 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

Comments 1.This case report featured an interventional variceal embolization to control rectal variceal bleeding. In this case, however, TIPS and interventional variceal embolization were performed to achieve hemostasis. If TIPS conducted to a long time hemostasis, "combined therapy" which consisted of the two treatments should be regarded as a successful method in this report. Therefore, please provide the period from TIPS to re-bleeding in case report section. 2.Authors explained a liver function of the patient was poor in case report section and discussion. However, according to symptoms (level of hepatic coma), blood test results and CT (no ascites) shown in the case report section, Child-Pugh grade and score seem not to be poor. Please reconsider this inconsistency. 3.Where were the catheters inserted from? Please complement the procedure in detail. 4.Last part of discussion. "Further randomized studies are required to..." RCT is ideal but is pretty difficult because of a low incidence of rectal variceal bleeding. Hence, this suggestion may be impractical, but case series and meta-analysis are possible instead. Please reconsider. 5.Abstract is OK. 6.Figures and Table are OK. 7.References are OK.