



# BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

http://www.wjgnet.com

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 30052

**Title:** Mortality Associated with Gastrointestinal Bleeding in Children: A Retrospective Cohort Study

**Reviewer's code:** 00503883

**Reviewer's country:** Brazil

**Science editor:** Ze-Mao Gong

**Date sent for review:** 2016-09-10 11:57

**Date reviewed:** 2016-09-19 22:53

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

### COMMENTS TO AUTHORS

Very well designed and conducted retrospective study. Outstanding information for clinical practice. Important clue for prospective trials.



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

**ESPS manuscript NO:** 30052

**Title:** Mortality Associated with Gastrointestinal Bleeding in Children: A Retrospective Cohort Study

**Reviewer's code:** 00004485

**Reviewer's country:** United States

**Science editor:** Ze-Mao Gong

**Date sent for review:** 2016-09-10 11:57

**Date reviewed:** 2016-09-20 05:29

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

### COMMENTS TO AUTHORS

1. The reviewer has a problem combining UGI bleeding with GIB from an undefined source. Please comment to include whether removing the latter group from analysis changes the conclusions of the study. 2. Please comment on the absence of endoscopic therapy in the database related to outcomes. In the adult literature, there is a clear relationship to endoscopic therapy and outcomes. 3. What does vasopressin have to do with GIB except with varices? It has been abandoned as "blind Rx" in the adult population. 4. There are multiple variables used to potentially Rx upper GIB that are associated with an increase in mortality in this series to increase proton pump inhibitors. Please elaborate that these are only markers for more severe GIB. Can you comment on whether these drugs were used only in patients in whom acid suppression was potentially therapeutic vs. in those without a definite diagnosis? 5. It is not unexpected that sick patients/children die with or without a primary diagnosis of GI bleeding. The reviewer had difficulty defining whether the GIB had any role in the mortality of those who died in the setting of one or multiple CCCs. Please elaborate. 6. Please define the rationale for random octreotide therapy in GIB (19.8% of patients who died vs. 4.04%). Approaching this from



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<http://www.wjgnet.com>

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an adult with an unknown source of GIB, it is unusual to RX with random octreotide or vasopressin. What percent of patients treated with these drugs had documented portal hypertension/varices? 7. In Table S2, you define codes for endoscopic, radiologic, and surgical procedures that potentially treat GIB to include codes for laparoscopy, exploratory laparotomy, and "other" laparotomy. However, the reviewer finds it difficult to do a crosswalk to Table 2 where only a very small subset of individuals had these procedures. Likewise, 12.87% - 23.89% had endoscopy for presumptive UGI bleeding, but I am unable to define how many actually had therapeutic codes as defined in Table S2 applied. Please comment.