

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastrointestinal Endoscopy

**ESPS manuscript NO:** 26189

**Title:** Small bowel Dieulafoy lesions: An uncommon cause of obscure bleeding in cirrhosis

**Reviewer's code:** 02822560

**Reviewer's country:** Japan

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2016-03-31 09:16

**Date reviewed:** 2016-04-07 16:07

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 checked="" 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"/> Duplicate publication	
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		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

Major The authors present an interesting case series of four patients with jejunal Dieulafoy lesions(DL), who were diagnosed with chronic liver disease. But, the diagnosis of liver cirrhosis is not definite in case 1, 2, and 3, whose diagnosis was made only by cross sectional imaging or medical history. Moreover, patient 1 and 2 had multiple comorbidities including congestive cardiac failure which is well known to induce intestinal bleeding, such as angiodysplasia. Thus, the authors should present more firm and high-level evidences of liver cirrhosis, Otherwise, the cases of patient 1 and 2, at least, should be omitted. Additionally, if they speculate an association between the shift in angiogenic factors in their patients and DLs, they need to present abnormal expression of some angiogenic factors in their patients. Minor 1) The authors should make a clear statement whether their patients had varices or not, although they stated they ruled out varices as a cause of bleeding. 2) Do the authors think the possibility that their patient had isolated spider naevi, rather than DLs in case of patient 2, although spider naevi seems to be different from DLs in endoscopic features? Did they press the red spot directly with biopsy forceps to make sure it turned to be blanched? Please



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explain your idea or give suggestion more about the relationship and /or difference between DLs and spider naevi.

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**Name of journal:** World Journal of Gastrointestinal Endoscopy

**ESPS manuscript NO:** 26189

**Title:** Small bowel Dieulafoy lesions: An uncommon cause of obscure bleeding in cirrhosis

**Reviewer's code:** 02998373

**Reviewer's country:** Romania

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2016-03-31 09:16

**Date reviewed:** 2016-04-14 03:12

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 checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> 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 checked="" 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 checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

The manuscript presents a case series of patients with small bowel Dieulafoy lesions producing obscure overt GI bleeding, who were also all anticoagulated, and also were diagnosed with liver cirrhosis of uncertain etiology. The manuscript is fairly well written, and addresses the topic in a proper way. I would consider it suited for publication in WJGE, after correction of minor issues. Below I have provided some comments on the authors' work. **ABSTRACT** Accounting for 2% of what? Please specify. Also modify in the introduction. Please modify "or a shift in angiogenic factors as a consequence of portal hypertension" to "or a shift in angiogenic factors as a consequence of portal hypertension or liver cirrhosis". **INTRODUCTION** The authors do not specify if the case series of patients presented represent consecutive cases, or are selected retrospectively from the center's database. Please specify that. Over what period of time were these cases encountered? Please review the spelling of "under recognised" and "characterised". Please change "attachment to tiny mucosal defect" to "attachment to a tiny mucosal defect". Please change "similarity of the lesions to spider naevi" to "similarity of these lesions to spider naevi". **CASE 3** Please change "represent" to



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“re-present”. Please change “was found in her fundus” to “was found in her gastric fundus”. CASE 4 Please describe what D1 stands for. Please change “were ligated and clipped” to “were ligated and/or clipped”.

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastrointestinal Endoscopy

**ESPS manuscript NO:** 26189

**Title:** Small bowel Dieulafoy lesions: An uncommon cause of obscure bleeding in cirrhosis

**Reviewer's code:** 00227406

**Reviewer's country:** United Kingdom

**Science editor:** Fang-Fang Ji

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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 checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
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		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

The paper by Hollerann et al is a case series of 4 patients with intermittent overt gastrointestinal bleeding (GIB) with previously undiagnosed chronic liver disease who turn out to have proximal jejunal Dieulafoy lesions (DL). The paper is a useful addition to the literature concerning this difficult to treat lesion. A few comments are required:- 1. The incidence of DL needs documenting in the introduction as readers will require this information to determine the risk in their own population. Is there a global geographic distribution in the incidence of this lesion? 2. The availability of wireless capsule endoscopy (WCE) is widespread in most developed countries at the current time and I suspect that a few of these cases presented are historic when use of WCE was confined to regional/tertiary centres. 3. It would be helpful if the authors could present a suggested algorithm both for the diagnosis of DL and management of these lesions, including the need for liver imaging etc. This inclusion would make the paper much more appealing as DL are very troublesome and frequently treatment resistant and the development of a pathway for diagnosis and management could be used as a tool for improved patient outcomes. For example, When should interventional radiology be



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utilised? Rebleed after apparent successful endoscopic therapy? I would argue that as soon as the diagnosis of DL has been made then either radiological or surgical intervention is required as endoscopic therapy is rarely if ever successful alone. I would suggest publication of this case series subject to the suggestions above.