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ESPS Peer-review Report

Name of Journal: World Journal of Gastrointestinal Pathophysiology

ESPS Manuscript NO: 10060

Title: New insights to occult gastrointestinal bleeding. From pathophysiology to treatment

Reviewer code: 00056982

Science editor: Fang-Fang Ji

Date sent for review: 2014-03-11 19:06

Date reviewed: 2014-03-25 22:42

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

COMMENTS TO AUTHORS

Some comments should be made: 1. Please give some more details in the section "pathophysiology of angiodysplasia". Which cardiac conditions are associated with AVM? e.g. aortic valve stenosis? how about patients after implantation of a left ventricular assist device? 2. The development of a meckel diverticulum is caused by a incomplete obliteration of the vitelin duct, please correct this. 3. how would you suspect hemobilia in the anamnesis? This is unclear in the hemobilia section. Angiography for me seems not to be a ideal tool for the diagnosis of hemobilia because it is demanding and invasive. The standard tool should be ERCP to confirm the diagnosis. Angiography is a therapeutic tool after the confirmation of the diagnosis. 4. Please add that bleeding of aortoenteric fistula is a complication that occurs mostly after multiple years after the implantation of an aortic graft. 5. the diagnosis of a hemosuccus pancreaticus can also be made using angio-CT-scans. 6. The comment that there are no comparative studies of DBE and SBE is not correct. Please add the following publications: ? May A, F?rber M, Aschmoneit I, Pohl J, Manner H, Lotterer E, M?schler O, Kunz J, Gossner L, M?nkem?ller K, Ell C: Prospective multicenter trial comparing push-and-pull enteroscopy with the single- and double-balloon techniques in patients with small-bowel disorders. Am. J. Gastroenterol. 2010, 105:575-581. ? Domagk D, Mensink P, Aktas H, Lenz P, Meister T, Luegering A, Ullerich H, Aabakken L, Heinecke A, Domschke W, Kuipers E, Bretthauer M: Single- vs. double-balloon enteroscopy in small-bowel diagnostics: a randomized multicenter trial. Endoscopy 2011, 43:472-476. ? Takano N, Yamada A, Watabe H, Togo G, Yamaji Y, Yoshida H, Kawabe T, Omata M, Koike K: Single-balloon versus double-balloon endoscopy for achieving total enteroscopy: a randomized, controlled trial. Gastrointest. Endosc. 2011, 73:734-739.



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7. The statement that intraoperative enteroscopy is "acutally" the gold standard of small bowel enteroscopy is not corretct. SBE and DBE are much less invasive and have similar results in the diagnosis and managment of small bowel disorders. Nowadays IE is an important reserve tool. 8. Please give a comment on the impact of anticoagulation in the development of OGIB. 9. The Treatment section is very short, give some more Details even in endoscopic procedures. 10. Please replace DBE with ballon assisted entersocopy (BAE)in the algorithm because SBE and DBE are used with similar success in the field of OGIB. 11. The manuscript should be revised by a native english Speaker.



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ESPS Peer-review Report

Name of Journal: World Journal of Gastrointestinal Pathophysiology

ESPS Manuscript NO: 10060

Title: New insights to occult gastrointestinal bleeding. From pathophysiology to treatment

Reviewer code: 00035694

Science editor: Fang-Fang Ji

Date sent for review: 2014-03-11 19:06

Date reviewed: 2014-04-28 13:30

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 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	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

The work is interesting, well-written and ready pearl publication



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ESPS Peer-review Report

Name of Journal: World Journal of Gastrointestinal Pathophysiology

ESPS Manuscript NO: 10060

Title: New insights to occult gastrointestinal bleeding. From pathophysiology to treatment

Reviewer code: 00058455

Science editor: Fang-Fang Ji

Date sent for review: 2014-03-11 19:06

Date reviewed: 2014-04-28 17:51

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)	<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

1. CT-angiography or angiography for the diagnosis of occult GI bleeding? 2. According to the reference 34 and 35, CT-angiography is indicated for the massive GI bleeding! 3. What is the definition of the occult GI bleeding?



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ESPS Peer-review Report

Name of Journal: World Journal of Gastrointestinal Pathophysiology

ESPS Manuscript NO: 10060

Title: New insights to occult gastrointestinal bleeding. From pathophysiology to treatment

Reviewer code: 00504538

Science editor: Fang-Fang Ji

Date sent for review: 2014-03-11 19:06

Date reviewed: 2014-04-29 07:40

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

COMMENTS TO AUTHORS

Obscure gastrointestinal bleeding (OGIB) is a commonly encountered clinical problem in gastroenterology. The investigation and management of OGIB has changed dramatically over the past decade with the advent of newer gastroenterological and radiological technologies. I think that this manuscript provides well-organized current knowledge and present summarizing pathophysiology and treatment about obscure gastrointestinal bleeding.



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ESPS Peer-review Report

Name of Journal: World Journal of Gastrointestinal Pathophysiology

ESPS Manuscript NO: 10060

Title: New insights to occult gastrointestinal bleeding. From pathophysiology to treatment

Reviewer code: 00503418

Science editor: Fang-Fang Ji

Date sent for review: 2014-03-11 19:06

Date reviewed: 2014-05-01 09:47

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
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<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 have reviewed the causes and diagnosis of occult GI bleeding. Though extensive and well written, there is nothing new in the manuscript.