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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Radiology

ESPS manuscript NO: 29113

Title: The Complementary Roles of Interventional Radiology and Therapeutic Endoscopy in Gastroenterology

Reviewer's code: 02353682

Reviewer's country: Italy

Science editor: Jin-Xin Kong

Date sent for review: 2016-07-31 22:24

Date reviewed: 2016-08-01 16:23

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> 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 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

Extensive and exhaustive review deserves publication



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Radiology

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Science editor: Jin-Xin Kong

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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 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"/> Duplicate publication	
<input 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

This is a well written but rather long, wordy and extensive review article of "The Complementary Roles of Interventional Radiology and Therapeutic Endoscopy in Gastroenterology". It is to some degree in the nature of a text book and does not give many new informations. The topic is expansive and I suggest to divide the article into two parts or two articles: 1) Vascular Interventions and 2) Non-vascular Interventions Subheadings are needed to make the article more well-arranged. Specific comments: p 3: "Management of this often times requires..." should be corrected. p 5 and later: anaesthesiologists are also a part of the multidisciplinary team. p 6-8: Positioning of the emergency patient during endoscopy could be mentioned. 1) injection, 2) thermal, and 3) mechanical methods could be organized in three subheadings accordingly. Adrenalin plus polydocanol, and histoacryl glue, and laser (in telangiopathies) should be commented on within the appropriate subheadings. Last paragraph on p 8 "More recently..... should be moved to probably subheading 1) injection?? p 9 ff: Subheadings "Peptic ulcer", "Dieulafoy's lesion" etc. ", adherent clot and non-bleeding visible vessel, predict high rate of rebleeding and hence require endoscopic therapy AND/OR



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INTERVENTIONAL EMBOLIZATION THERAPY" p 11: The sensitivity of CT in bleedings is depending on the location of the lesion. In general there is indication for CT angio in lower GI bleedings but not in upper GI bleedings where endoscopy is the primary diagnostic modality. Angiography has a sensitivity about 2 cc/min depending on the location of the lesion and also on the amount of air in the GI tract (which often is a problem after endoscopic insufflation), and also on the cooperation of the patient. p 12: If endoscopic treatment failes angiography is the next step. This is also the case in unstable, high-risk ulcers like visible pulsating artery without visible ongoing bleeding. This prophylactic supplementary arterial embolization, especially in duodenal ulcers has been described in several publications lately, eg. Scand J Gastroenterol 2014;49:75-83, which should be referred to and discussed in the text. The transradial access has NOT been shown to have less complications and the ref. 23 is not a randomized study and does not compare with trans femoral access. "There are many different techniques for embolization....." should be discussed more extensive. The role of covered stents in these patients is very limited, but detachable coils, hydrocoils, nestor coils, vascular plugs, onyx, etc are all important options. Anaesthesiologists again should be included in the "close communication". p 27: "....at the time of dilation has been studies" should be "studied". Figure 2 should have an arrow to the pseudoaneurysm References should include a review from WJR 2010;2(7):257-261.



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Radiology

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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 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
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		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Interesting, long review, well written. But since this a very extensive topic in some points it is not enough in depth. I think that some clarifications are needed (e.g.: pg.8. what antithrombotic agents were evaluated? Pag.10 reference is necessary. Pag. 11. Reference and some comments about the amount of detectable bleeding with both techniques. There should be more clarification about preliminary use of CT and its limits and a more in depth comparison with scintigraphy, especially in diagnostic accuracy. It would be useful report how many bleedings from angioectasia are due to small bowel lesions, some explication about the marginal artery of Drummond and about Golytely, the buried bumper syndrome. On pag.22 studies are cited without any reference. Some explanation about the possibility of self-dilation described on pag. 25. Authors should say when use barium and when hydrosoluble contrast. The acronyms SEMS should be explained. Biliary tract interventions should be treated according to the title. Further inside in the procedure should be useful.