



ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 14470

Title: A case of arterial hemorrhage after endoscopic papillary large balloon dilation treated using a covered self-expandable metallic stent: a notable image of a mucosal tear in the bile duct

Reviewer code: 00004764

Science editor: Ya-Juan Ma

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Table with 4 columns: CLASSIFICATION, LANGUAGE EVALUATION, RECOMMENDATION, CONCLUSION. It contains checkboxes for various grades (A-E) and actions like 'Accept', 'Rejection', 'Minor revision', 'Major revision'.

COMMENTS TO AUTHORS

Your case report highlights the use of covered stents for post dilatation bleeding. Your main point is demonstrating a tear visualized by cholangioscopy. This is shown in your figures. Specific Comments To me the main point of your paper is the potential use of covered stents for bleeding either after balloon dilatation or sphincterotomy. There have been other studies using covered stents for post-sphincterotomy bleeding as well as you highlight in your references. Having said that, it would seem intuitive that bleeding after balloon dilatation would be the result of a tear just as it would be in the esophagus or pylorus. Thus, your photographic demonstration of what appears to be a tear is not surprising at all. I would suggest highlighting in a paragraph in Discussion the use of covered stents for post-sphincterotomy bleeding and as in your situation bleeding after dilatation. Perhaps even a table highlighting studies to date (literature review) would be beneficial for the readers. I am not sure you need all of your figures. For example, I think we all know what a covered stent looks like. You do not discuss what the ulcerative lesion was at the papilla following dilatation. One assumes it is either related to the sphincterotomy or further injury from the balloon dilation. In reviewing Figure 1, given the size of the endoscope, a 15 mm balloon dilation was likely too large.