Reviewer's report

Title: Rebleeding rate after capsule endoscopy for patients with obscure gastrointestinal bleeding

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Reviewer: Diego GARCIA-COMPEAN

Reviewer's report:

The manuscript entitled "Rebleeding after capsule endoscopy for patients with obscure gastrointestinal bleeding" is a very interesting and well written text that evaluates the importance of CE for directing interventional therapy in patients with OGIB. It also evaluates the long term results of this strategy having as primary target GI rebleeding. Authors of this study found that in the long run patients with significant findings in CE who received hemostatic therapy have a significant reduction of rebleeding compared to patients with significant or insignificant findings who were not treated. In this simple but well structured study they demonstrated the importance of CE for directing therapy in patients with high risk of rebleeding.

As authors pointed out this issue has been scarcely studied. Nevertheless some reports have previously yielded similar results: Garcia-Compean et al (1) and Delvaux M et al (2) reported identical long term results in patients with OGIB and positive CE findings who were treated compared to non treated patients.

I have some discretionary and minor comments for authors of this paper:

1. - The title of the manuscript does not reflect entirely the content of the manuscript. I recommend for example: "Rebleeding rate after interventional therapy directed by CE in patients with obscure gastrointestinal bleeding" since modification of the natural history of OGIB was given by the effect of therapy and not for the CE per se.

2. - Authors excluded patients with swallowing disorders and pacemaker implantation. I suggest authors to point out in discussion section that these conditions are no longer contraindications for performance of CE.

3. - Range values of time of follow up and haemoglobin values were not given.

4. - In table 2 definitions of abbreviations should be given in the bottom of the table. Tables must be auto explained.

5. - The diagnostic yield of CE in the study was 95%, although relevant findings were found in 58%. These relevant findings maybe correspond to the named P2 lesions proposed by some authors (3). Make some comments in discussion.

6. - Complications due to procedure and rate of incomplete studies were not précised.

7. - In discussion section in the paragraph of limitations authors may state that this was not a randomized trial, posttherapy values of haemoglobin were not
8.- Finally I suggest authors to include in the manuscript references of published studies having similar aims and compare their results with those of them.

1.- Garcia-Compean D et al Gastroenterol Clin Biol. 2007; 31:806
2.- Delvaux M et al Endoscopy 2004;36 :1067
3.- Saurin et al Endoscopy 2005 ;37 :318

Please note that both the comments entered here and answers to the questions below constitute the report, bearing your name, that will be forwarded to the authors and published on the site if the article is accepted.

What next?
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Based on your assessment of the validity of the manuscript, what do you advise should be the next step?

- Accept after discretionary revisions (which the authors can choose to ignore)
- Accept after minor essential revisions (which the authors can be trusted to make)

Level of interest
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- An article of importance in its field

Quality of written English
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- Acceptable

Statistical review
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Is it essential that this manuscript be seen by an expert statistician?

- No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests
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I declare that I have no competing interest