Reviewer’s report

Title: Frequency and risk factors for rebleeding events in patients with small bowel angioectasia

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Reviewer: István Rácz

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Comments to the authors

It is excellent paper reporting that how difficult is to find and to treat endoscopically small bowel angiectasias causing permanent or intermittent bleedings. The authors in 68 patients performed balloon enteroscopy and in 22 patients APC treatment of the angiectasias were done. All angiectasias were previously (within 5 days) detected by CE.

In 46 angiectasia patients proved both by CE and enteroscopy no interventional treatment was performed. All patients were followed up for one year. There was no significant difference in the one year rebleeding rates comparing the APC treatment and the conservative treated groups. The authors conclude that one single session of endoscopic treatment by APC for small bowel is not sufficient to prevent future rebleedings.

Although the paper is very informative several questions may arise:

1. The authors in 74 patient detected angiectasias by CE. All these patients underwent enteroscopy? Could the authors confirm the CE results by enteroscopy in all patients?

2. Could the authors measure or estimate the size (diameter) of the angiectasias? If yes, were any tendency of higher rebleeding rates in larger angiodysplasias when compared with the smaller ones?

3. What kind of thermal energy (Watts) were used for APC shots?

4. How do the authors comment that ongoing anticoagulant treatment was not predictor for rebleeding?

5. How does the aspirin (even low dose) therapy affected the rebleeding rates? Aspirin has not the same effect in the small bowel like NSAIDs.

Level of interest: An article of outstanding merit and interest in its field

Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.