Reviewer’s report

Title: Severe colonic bleeding in ulcerative colitis is refractory to selective transcatheater arterial embolization

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Reviewer: Wei-Chen Lin

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Miranda-Bautista et al. present three cases of massive haemorrhage in UC patients treated with transcatheater arterial embolization.

Immediate technical success and rebleeding requiring subtotal colectomy occurred after the procedure.

Current guideline suggest surgical intervention should be done in UC patients without response to medical therapy.

There are four comments to Author as below..

1. Case report 2

In this patient with steroid-dependent disease, did you do the sigmoidoscopy to take biopsy to exclude CMV infection possibility. I suggested you to mention it.

2. Case report 3

In this patient, could you provide the dose of oral mesalazine?

Was the bleeding occurred suddenly and quickly in one day that you had no time to try the biologic agent?

3. Discussion, paragraph 2

You mentioned one report of an effective selective transcatheater embolization in a UC patient. If you saw the detail of this case, you would found bleeding might not relate to UC in this case.

They mentioned "recent clinical, laboratory and endoscopic findings excluded a severe exacerbation of ulcerative colitis as the underlying cause of intractable bleeding." Endoscopy three weeks before found no ulcer. It may be related to other cause of bleeding, such as angiodysplasia or diverticula bleeding.
Therefore, bleeding could be control by selective transcatheter embolization

In your cases, all patients were severe disease activity.

I suggested you to discuss more about the different situation between your cases and that successful case.

4. Discussion, paragraph 2

I was interested about the decision of transcatheter embolization (TAE).

You mentioned a consensus decision between a "on call" gastroenterologist, a colorectal surgeon, the radiologist and each patient.

Did your medical team want to avoid urgent surgery and considered TAE as a bridge of temporary hemostasis.

You wanted to postpone the surgery to regular work time?

Or patient hesitated about the surgery?

I thought it might be another issue to re-consider the role of TAE in the UC patients with massive bleeding.

In the real world practice, on call surgeon may not be skillful in such complicated procedure.

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

Yes

**Does the work include the necessary controls?**
If not, please specify which controls are required in your comments to the authors.

Unable to assess

**Are the conclusions drawn adequately supported by the data shown?**
If not, please explain in your comments to the authors.

Yes

**Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?**
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.
Not relevant to this manuscript

**Quality of written English**
Please indicate the quality of language in the manuscript:

Acceptable

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