Reviewer’s report

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

Version: 0 Date: 29 Dec 2018

Reviewer: Yen-Po Wang

Reviewer’s report:

This is a case series addressing 3 cases using transarterial embolization to treat ulcerative colitis patients with active arterial bleeding. 3 cases all had rebleeding after transarterial embolization and received colectomy after then. However, there's one key question that the authors didn't clearly explained that did these 3 patients' ulcerative colitis respond to pharmacologic therapy or not? In the article, it seemed that they didn't respond to pharmacologic therapy. For acute severe ulcerative colitis patients who failed steroids and anti-TNF alpha, colectomy was the treatment of choice. The patients should receive colectomy due to poor response to medication, not due to acute arterial bleeding. So even when doctors found the arterial bleeding, if the patient failed pharmacologic treatment, then they should receive surgery. If their mucosa, inflammation improved after pharmacologic treatment, there are still no evidence about role of transarterial embolization yet. Transarterial embolization is used to treat localized bleeding, that can't treat the whole colon multifocal bleeding in theory. The detailed questions are as following:

Major issues:

1. For all three cases, what's the edinburgh index, stool frequency, CRP level after 3 days after IV steroids treatment?

2. What are the MAYO score and UCEIS score about the 3 patients.

3. In these 3 cases of fulminant UC, did the patients receive venous embolization prophylaxis with clexane or other anticoagulants as consensus suggested? If yes, please comment about it and discuss about their relation with bleeding. If no, please explain why.


4. In case 1, why the patients needed infliximab if steroids worked? or the patient didn't work well enough? What is condition after 3 days IV steroids treatment?

5. In case 2 and 3, where was the bleeding site finally? the same site as angiography showed? or other places?
6. Why endoscopic wasn't considered in these 3 cases since the bleeding site was found. (Oshima T et al. Dig Dis Sci. 2007 Jun;52(6):1434-7. Epub 2007 Apr 3.)

7. The authors may clarify use of TAE in IBD or UC is not suitable, since there are also recent papers addressing that TAE worked in Crohn's disease. (Martín, V., Rubí, A. R., Chaparro, M., Jusué, V., Friera, A., & Gisbert, J. P. (2013). Embolización arterial en el tratamiento de la hemorragia digestiva baja masiva en los pacientes con enfermedad de Crohn. Gastroenterología y Hepatología, 36(9), 574-576.)

Minor issues:

Some typo errors and grammar problems noted in this article, please recheck them. Some examples are as following but not limited to following

1. Introduction, line 6, According should be changed to according to

2. Case 1 , line 14 , after infliximab first dose may be changed to first dose of infliximab

3. For Case 2, line 16, although clinical situation initially became steady, may be changed as although clinical situation became steady initially.

4. Case2, urgent laparoscopic subtotal colectomy and terminal ileostomy was accomplished may be modified as urgent laparoscopic subtotal colectomy and termina ileostomy were done.

5. Line 18 . Adequate evolution thereafter permitted discharge with corticosteroid tapering. made me a little confusing that who permitted? or what permitted?

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.

No

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:

Needs some language corrections before being published

**Declaration of competing interests**
Please complete a declaration of competing interests, considering the following questions:

1. Have you in the past five years received reimbursements, fees, funding, or salary from an organisation that may in any way gain or lose financially from the publication of this manuscript, either now or in the future?

2. Do you hold any stocks or shares in an organisation that may in any way gain or lose financially from the publication of this manuscript, either now or in the future?

3. Do you hold or are you currently applying for any patents relating to the content of the manuscript?

4. Have you received reimbursements, fees, funding, or salary from an organization that holds or has applied for patents relating to the content of the manuscript?

5. Do you have any other financial competing interests?

6. Do you have any non-financial competing interests in relation to this paper?

If you can answer no to all of the above, write 'I declare that I have no competing interests' below. If your reply is yes to any, please give details below.

I declare that I have no competing interests.

I agree to the open peer review policy of the journal. I understand that my name will be included on my report to the authors and, if the manuscript is accepted for publication, my named report including any attachments I upload will be posted on the website along with the authors' responses. I agree for my report to be made available under an Open Access Creative Commons CC-BY license (http://creativecommons.org/licenses/by/4.0/). I understand that any comments which I do not wish to be included in my named report can be included as confidential comments to the editors, which will not be published.

I agree to the open peer review policy of the journal