Reviewer’s report

Title: A case of ectopic pancreas in the ileum presenting as obscure gastrointestinal bleeding and abdominal pain

Version: 1 Date: 09 Dec 2018

Reviewer: Aswini Kumar Pujahari

Reviewer’s report:

Abstract-

1"(also referred to as heterotopic pancreas, pancreatic heterotopia, accessory pancreas, aberrant pancreas, or pancreatic rest)" is repeated both in abstract and the main text. The same can be omitted from the abstract to make the crisp and abstract like.

2.Line 20 "low hemoglobin level, i.e. 109 g/L (10.9 g/dL)" one cane be omitted. Just 10.9 G/dL will suffice.

3. line 23 "Large" must be followed by its size, it could have been measured and written the size with the marking at least in one image.

4. Line 27 "involving muscular layer". Which muscle layer, muscularis mucosae, circular or longitudinal needs to be mentioned and same to be marked on histological image. When the post polypectomy image is not in consonance with the description.

5 page 27-28- Only one arrow in the image two picture low and high power microscopic view.

The muscle layer in a pedunculated polyp whereis nor marked on histology

6.Conclusion. Same as last conclusion- abstract conclusion can be short.

Our case report reveals very rare cause of obscure gastrointestinal bleeding accompanied with episodes of abdominal pain - an ectopic pancreas located in ileum. Although ileal polyp was located by magnetic resonance enterography and later by retrograde enteroscopy, diagnosis of ectopic pancreas could not be made until polypectomy and histopathological examination

7.Key wards- Perfect

Main Text-

8 line 17-- Suggested "recurrent" to obscured GI bleed to be added.
9. Line 37- He had pain at left upper abdominal pain but the lesion is located at right lower part on MR study. The authors have no explained the diagonally opposite finding. Needs explanation. A mention no lump was palpable will be appropriate.

10 Line 40 Haemoglobin in L or dL as mentioned point two. How ever I do not have any serious objection

11. The polyp size is changing in size. MRI, Enteroscopy and biopsy specimen. So MR measured size will be better and other part of the text only polyp is suggested.

12. Page-4 --20 CC adrenalin saline injected. Looks a large volume for small bowel. The image B is not showing the same. Please reconcile.

13. Images are the brain and heart of case reports. Enteroscopic view are the real images in this case.. The author should have given few more images. At least one more view showing the pedicle with the endo-loop have been most appropriate.

Discussion- It is written well. Two aspect needed high light. One the location of ectopic pancreatic tissue in terms of which layer of the small bowel. And the second is the ectopic pancreas tissue and bleeding.

References-

They are not uniform.

Ref 3- is shown as the link. But actually it should have been like given as below-


No.13- in Chinese print.

If the journal policy allows that, I do not have any objection.

Images- The comments are already incorporated

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.

No
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?
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Not relevant to this manuscript

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