Peer Review File

Article information: https://dx.doi.org/10.21037/amj-23-49

Reviewer 1

Comment: Row 43: Only says lesser curve, is this meant to be the lesser curvature of the stomach?
Reply: yes, we've changed this line in the manuscript-page 2

Comment: Case Presentation Paragraph 1: Is it possible to be more specific in the description the "large volume" of blood loss? Ex: Do you have a time period of blood loss, volume amount, or any further description.
Reply: In the next paragraph we state that patient symptoms started the day prior to admission and resulted in haemorrhagic shock and anemia with Hgb level 7.8 g/l

Comment: Case Presentation Paragraph 2:
a) Please expand on the Truelove and Willis criteria for severe exacerbations.
Reply: we added information in the manuscript -page 3

Comment: c) Did the patient receive PRBCs, FFP, and cryoprecipitate all at once or over a period of time?
Reply: we added information page 4

Comment: d) ESR, CRP, WBC are abbreviations used that need to be spelled out once prior to using the abbreviated form or added to abbreviation table.

Reply: we added information

Comments: Row 55: for such bleeding, emergency surgery is needed - Comma needed after bleeding.
Row 70: ...criteria, the exacerbation... - comma needed after criteria.
Row 80: ESR, CRP, WBC are abbreviations that were not included in the abbreviation table or spelled out prior in the paper.

Row 91: Capitalization of C in Conclusions.
Row 100: Comma after In our patient,
Row 125: Despite, not despite.
Reply: changed

Reviewer 2

This is an interesting report showing that Dieulafoy's lesion (DL) should be considered in patients with ulcerative colitis (UC) if the cause of extensive bleeding is not apparent. In addition, the authors were able to treat DL endoscopically and avoid unnecessary surgery.
However, it was very unfortunate that the manuscript was spoiled by a lot of errors in grammar and terminology.

Comment: 1) The word "complication" should be changed to manifestation (lines 12, 23, 54, 95, 97, 131).

Reply: changed

Comment: 2) The age and gender should be added in the Abstract.

Reply: changed

Comment: 3) The description on the disease activity and Mayo endoscopic score is inaccurate. "Mild disease activity" is not compatible with Mayo endoscopic score 2 (lines 18-19, 100-101). Figure 2 shows only slight activity, which is not consistent with the description as "Mayo endoscopic score 2".

Reply: We added more precise information in page 5 of the manuscript:"In our patient, sigmoidoscopy was performed, revealing only mild to moderate disease activity in mucosal appearance (Mayo endoscopic score 1-2), which did not correspond with the massive bleeding."

Comment: 4) The description on the course of UC is too brief. Histological grading, therapy, frequency of recurrence, etc. should be added. Histological picture is also needed.

Reply: we do not have histological documentation of this case

Comment: 5) The episode in Case Presentation (lines 62 to 64) seems to be typical manifestation of DL. The reason should be described why the authors concluded that it was caused by severe flare-ups of UC.

Reply: Patient was admitted to the hospital, with vomiting, and abdominal pain which beside bleeding was reason why UC flare-up was consider in diagnostic procedures

Comment: 6) Was DL of this patient recurrent? If so, the frequency of recurrence should be added.

Reply: no, it was the only one up to date

Comment: 7) The disease activity of UC in the caecum is poorly described. Did the exacerbation of UC cause the rupture of DL? This is one of the important points of this paper.

Reply: No, the mucosa in the caecum was normal

Reviewer 3

The paper presents a compelling and rare case of a patient with UC experiencing severe GI bleeding due to a Dieulafoy's lesion The authors have meticulously provided a comprehensive background, case presentation, and discussion on the topic.

Overall, the paper is well-written and informative. However, I recommend a few minor revisions to enhance the manuscript's quality. My suggestions are as follows:

Comment 1:Please clarify if the patient required pressor support and ICU admission.

Reply: The the patient did not required pressor support and ICU admission

Changes in text: Line added in Case description page 4

Comment 2:It would be beneficial to include more information on the diagnostic criteria for DL, as this would help readers better comprehend the process of identifying the lesion.
Reply: Line added in Background page 3

Comment 3: I suggest the authors discuss the factors that contribute to the decision-making process for selecting between endoscopic, interventional radiology, and surgical treatment in patients with UC and DL.

Reply: In 3.4 Implications and actions needed on page 7 we added:”Despite the lack of studies, endoscopical haemostatic procedures seems to be less safe when performed in severe exacerbations of IBD, because of the high risk of perforation. „

Comment 4: I recommend the authors to consider citing the following recent paper, which discusses the efficacy of endoscopic treatment for DL: Wang Y, Bansal P, Li S, Iqbal Z, Cheryala M, Abougergi MS. Dieulafoy's lesion of the upper GI tract: a comprehensive nationwide database analysis. Gastrointest Endosc. 2021;94(1):24-34.e5. doi:10.1016/j.gie.2020.12.015

Reply: we added recommended citation

Changes in text: Bibliography point 8