Dear Editor,

We are sending you the modifications and the amendments as suggested by the reviewers. Here are the changes:

* Title page: the title was changed to "Unilateral Anterior Uveitis Complicating Zoledronic Acid Therapy in Breast Cancer" thus replacing "severe" with "unilateral".
  * In the key words: "side effects" was added to the key words.

* Page 2, abstract line 3: the spelling of the word "osteoporosis" was corrected.

* Page 2, abstract line 6-7: "and was found to have a fibrinous anterior uveitis of moderate severity" was added.

* Page 2, abstract line 10-12: "Patients should be instructed to report immediately to their physicians any eye complaints. Treatment with topical prednisone and atropine eyedrops should be instituted without delay" was changed to "Patients should be instructed to report immediately to their physicians and treatment with topical prednisone and atropine eyedrops should be instituted immediately at the onset of symptoms".

* Page 2, abstract line 12-14: "Patients should be instructed to report immediately to their physicians any eye complaints. Treatment with topical prednisone and atropine eyedrops should be instituted without delay" was replaced with "This report documents anterior uveitis as a complication of zoledronic acid therapy. This reaction could be an idiosyncratic one but further research may shed more light on the etiology".

* Page 3, introduction line 2: the spelling of the word "treatment" was corrected.

* Page 3, introduction line 7-8: "The most commonly used bisphosphonates are etidronate, clodronate, pamidronate, zoledronic acid and more recently alendronate bisodium." was changed to "The most commonly used bisphosphonates are etidronate, clodronate, pamidronate, alendronate and more recently zoledronic acid".

* Page 3, introduction line 16: "with normal eye" was changed to "with a normal eye".

* Page 3, introduction line 18: "We report the first case of unilateral acute anterior uveitis" was changed to "This is the first case of acute unilateral anterior uveitis".

* Page 5, case report line 3-5: "The patient was placed on topical prednisone and atropine eyedrops. She responded well to the treatment which was tapered gradually and eventually stopped without recurrence of the anterior uveitis." was changed to "The patient was placed on topical prednisone every 6 hours, and atropine eyedrops every 12 hours. She responded well to the treatment which was gradually tapered off over a period of 6 weeks without recurrence of uveitis".

* Page 5, case report line 8-15: "These inflammatory changes and deposits on the posterior lens surface disappeared on their own over a period of 3 months, but residual posterior capsular opacification (PCO) is still present. This PCO has no effect on the patient's visual acuity at present and doesn't require any
Unlike in metastatic bone diseases where bisphosphonate therapy is administered on a monthly basis, our plan was to give the patient zoledronic acid every six months [11]. The patient refused to have any further bisphosphonate therapy.

* Page 6, discussion line 2: "Our case is the first report of severe anterior unilateral uveitis" was changed to "This is the first report of unilateral anterior uveitis".

* Page 6, discussion line 3-5: "The course was severe and dramatic" was changed to "The clinical symptoms were severe and dramatic but the ophtalmologic examination showed a fibrinous anterior uveitis of moderate severity".

* Page 6, discussion line 6: "two months" was replaced with "three months".

* Page 6, discussion line 6-8: "The inflammatory deposits on the posterior lens surface disappeared over a period of 3 months, except for residual PCO which is a a common occurrence after cataract surgery and intraocular inflammation [12]" was added.

* Page 6, discussion line 16-19: "Treatment with topical prednisone and atropine eyedrops should be instituted without delay. Research into etiology may shed more light on mechanisms of action of biphosphonates. Interaction between bisphosphonates and lenses deserves to be studied" was changed to "Treatment with topical prednisone and atropine eyedrops should be instituted immediately at the onset of symptoms. This report documents anterior uveitis as a complication of zoledronic acid therapy. This side effect could be an idiosyncratic reaction but research into etiology may shed more light on mechanisms of action of bisphosphonates and interaction with lenses, if any".

* Page 6, discussion line 21: "Repeating the administration of zoledronic acid in these patients with prophylactic topical steroids and atropine remains an unresolved issue. In one case report of uveitis associated with clodronate, the patient developed the same ocular symptoms when rechallenged with the same drug [13]" was added.

* Page 9, references: references 11,12 and 13 were added.

* Page 10, figures: Figure legends were changed to:

Figure 1. Acute inflammatory fibrinous uveitis: Slit lamp examination showing marked ciliary injection of the right eye, and a 2+ flare and inflammatory reaction in the anterior chamber, with also an inflammatory fibrinous pupillary membrane.

Figure 2: Resolution of anterior uveitis: Slit lamp examination showing slight opacification of the posterior capsule.

Figure 3: Resolution of anterior uveitis: Slit lamp examination showing residual pigmented deposits on the surface of the intraocular lens.

Thank you and please don't hesitate to call for any further questions.

Sincerely yours,

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