Reviewer’s report

Title: Severe Anterior Uveitis Complicating Zoledronic Acid Therapy in Breast Cancer

Version: 1 Date: 8 July 2005

Reviewer: Marc D de Smet

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General
In the ophthalmic community, and in particular among uveitis specialists, it is well known that biphosphonates as a class can cause anterior uveitis. So far, no specific relationship has been found with a specific ocular history. The incidence appears to be idiosyncratic.

In this regards, the current report falls in line with previous findings. For zolidronic acid, there is only one report so far. This current case report would further confirm that it is also associated with uveitis, and that this should be seen as a potential complication.

Having said this, the authors should be careful in the description of their case, and also in the conclusions they make.

Presentation and duration of symptoms is important. They indicate that the patient responded to treatment, but report neither the frequency of drops nor the time course of recovery (how many weeks). The case presents itself with a fibrinous anterior uveitis of moderate severity. One gets the impression in reading the report that it is very severe.

Figure 1 is of interest to a general as well as an ophthalmic audience. The other pictures are less instructive. They show resolution of an anterior uveitis as is seen in most cases. The cellular deposits on the posterior lens surface seen in retro-illumination will disappear on their own over the coming few months. It does not correspond to haze.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

While I agree that a careful review of ocular history is adviseable in these patients, from this case report or the literature, I do not know of a relationship between biphosphonates and cataract surgery, nor do I know of a relationship with uveitis. It is likely that both groups can use it. Indeed many of my uveitis patients who require prednisone are routinely placed on biphosphonates without developing anterior uveitis. The suggestion here is that this would not be indicated in these patients. More important is to give careful instructions to the patient and adequately follow.

How frequent should be the treatment with topical prednisone and atropine.

As for the interaction between biphosphonates and an intraocular lens, I would avoid any unnecessary speculation.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

page 2 osteoporosis instead of osteoprosis
page 3: with a normal eye [9] in place of with normal eye
page 6 our case is the first report of severe anterior unilateral (here I would say is the first report of unilateral anterior uveitis)

Discretionary Revisions (which the author can choose to ignore)
What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:
I declare that I have no competing interests