Reviewer's report

Title: Posterior Migration of Ahmed Glaucoma Valve tube in a patient with Reiger Anomaly: A Case Report

Version: 1 Date: 7 September 2009

Reviewer: amir pirouzian

Reviewer's report:

First, we appreciate the authors for reporting such an interesting and unique clinical history.

There are numerous critical points that need which require attention of authors:

Major compulsory revisions:

a. We cannot ascribe to the concept of Reiger's anomaly with segmental zonular dehiscence leading to phacodenesis under such clinical presentation for this particular patient. Authors need to cite other case report/reports linking the two features; otherwise Reiger's anomaly cannot be solely attributed to this individual patient.

b. Authors report that they performed trabeculectomy with AGV. They should instead state that they performed aqueous shunt implantation with AGV (TM). It seems no filtering procedure was performed for this patient i.e. no trabeculectomy.

c. Posterior migration of AGV means that shunt has migrated from anterior to posterior chamber. From anatomical-standpoint then, no posterior capsular touch should be evident under such a circumstance. If authors report for such clinical presentation is truly accurate, then they should report that AGV has migrated from anterior chamber to anterior vitreous cavity with posterior capsular touch.

Or are the authors trying to state posterior migration of the AGV from anterior to posterior chamber with “anterior capsular touch” rather than stating “posterior capsular touch”? Please clarify.

d. Anatomically we have never heard or seen a report of direct polyurethane material-lenticular touch not causing capsular opacification over time. This is really puzzling particularly if the tube has truly migrated from anterior chamber to anterior vitreous cavity.

Are there any other reported cases of polyurethane/capsular touch in the literature?

Minor Essential Revisions:

e. Though it may seem at the first glance the introduction and conclusion to be adequate for the literature review, the clinical history of patient needs to be
written up in a more concise and polished fashion as well as more detailed and direct PubMed literature review.

f. There are multiple spelling errors throughout the text.

In conclusion, though we feel though this is an interesting case report, it needs to be re-written and re-evaluated once again prior to any consideration for publication.

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests.