Reviewer's report

Title: Multiple Branch Retinal Vein Occlusions Associated with Quetiapine Fumarate

Version: 2 Date: 21 June 2011

Reviewer: Ronald Gentile

Reviewer's report:

COMMENTS:

Summary: In the manuscript entitled “Multiple branch retinal vein occlusions associated with Quetiapine Fumarate” the authors have submitted their revisions on a report of a case of a young man who developed what would be considered a definite and classic superior temporal branch retinal vein occlusion (BRVO) while on Quetiapine Fumarate that caused an associated, but mild, dyslipidaemia. In addition a smaller zone of flame shaped hemorrhages located inferior temporal that does not have features characteristic for a BRVO was also present.

Discretionary Revisions

1. The authors state in response 1 “WE agree with the reviewer that the evidence in this case is not very strong.” and I do agree will the authors response that we should not be complacent about dyslipidaemia. The authors should mention the term “adverse drug reactions” (ADRs) in the discussion and the current limitations of this case.

2. Previous Reviewer’s Comment:

"It is well known among doctors who prescribe Quetiapine Fumarate that it has been associated with high triglycerides in 23 percent and high cholesterol in 16 percent of patients taking Quetiapine Fumarate."

The authors state in their response “WE agree with the reviewer that the above is a known fact."

It would be helpful to the reader for the authors to mention that Quetiapine Fumarate has been associated with high triglycerides in 23 percent and high cholesterol in 16 percent of patients taking it. Since eye care professionals, the main readership, do not prescribe Quetiapine Fumarate and may not be aware of this association.

Major Compulsory Revisions

1. A major unresolved issue is the diagnosis of a smaller inferior temporal vein occlusion that is very difficult to accept without an FA. I have taken the liberty to show only Figure 2 to a few well renowned retina specialist who also agree the
fundus photo does not confirm a smaller inferior temporal vein occlusion. The author’s response that

“In BRVO due to hyperviscosity syndrome (our patient), the point of occlusion can occur anywhere along the retinal vein. Hence the flame-shaped hemorrhages may appear randomly and do not necessarily begin at the retinal artery-vein intersection (white arrow).”

I would have to respectively reject this reason since this patient was not shown to have hyperviscosity syndrome that is usually bilateral and not associated with a mild dyslipidaemia. The authors would need to provide more evidence with possibly a follow-up fundus photo or FA to confirm the smaller BRVO or change the title accordingly and comment on this finding in the discussion. The title could read “Branch Retinal Vein Occlusion Associated with Quetiapine Fumarate” or “Superior Temporal Branch Retinal Vein Occlusion and inferior Temporal Flame Shaped Retinal Hemorrhages Associated with Quetiapine Fumarate” or some other combination.

Level of interest: An article of limited interest

Quality of written English: Acceptable

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