Author's response to reviews

Title: Glial heterotopia of the orbit: A rare presentation

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Version: 4 Date: 12 September 2011

Author's response to reviews: see over
Reviewer 1 Response:

A case report is presented of glial heterotopia. The clinical photograph is excellent.

Thank you.

The radiographic studies are satisfactory. However, there is no specific high resolution technique mentioned or performed to exclude an intracranial connection.

This was the best available radiographic study in one of the best hospitals of Nepal. However, consultation with the expert radiologist was done to rule out any intracranial connection.

The histologic findings, especially of oligodendroglial cells is uncommon for heterotopia, although not unheard of. However, there is usually significant fibrosis and reactive changes, which are not shown or discussed.

We have mentioned the presence of fibrous tissue surrounding the neuroglial tissue, however there was no presence of reactive changes which have been discussed in the text.

The major thrust of the article is about the visual acuity and astigmatism, both issues which are not really a major consideration for this diagnosis and case report.

We agree with the reviewer’s view that Visual acuity and Astigmatism are not the major consideration for the diagnosis. Our aim was also not to aid the diagnosis but to report associated findings which might be interesting to note and for determining the cause for unilateral blindness.

In general, especially with a single case report, it is better to use references from journal articles that can be more easily accessed by readers than referring to textbooks which are unavailable or in limited print.

We have added new references, which may be easily accessible and have tried not to include textbook references except one which we felt was mandatory.

The references are incomplete, especially since they do not cite the largest series of glial heterotopia, whether in the orbit, sinonasal tract or ear/temporal bone region.

We tried to include the references which contained large series of glioma but in the literature very few similar cases has been reported, we have tried our best.
No new information about the disorder is presented.

Very few cases of nasal glioma of the orbit causing unilateral blindness have been reported in the literature and even specifically from the developing countries. In our opinion it will be an interesting case to report to give a careful evaluation of such cases.

The H&E preparation is dark, slightly out of focus, and should not contain an arrow that is part of the microscope. If an arrow is to be employed, it should be placed on the photograph in the same plane of focus and done so with the employment of a photography editing software.

This is the best available H and E preparation and the arrow was employed by the pathologists and due to lack of photography software we are not able to either delete or edit it, however we have replaced the picture with another one of the same patient.

Reviewer 2 Response:

1. The authors might wish to put a brief comment on why this child presented so late.

We have added this in our discussion part.

2. The authors need to explain what the arrow on the histopathology slide shows.

We have mentioned that.

3. A postoperative view of the patient may be useful to assess the impact of orbital surgery.

Due to the limit in numbers of photographs in a case report in BMC Ophthalmology Journal, we couldn't add more pics.

4. Late follow-up information is essential since these tumors tend to recur even if excised "completely" from the surgeon's point of view.

It has been more than 6 months and we have kept in monitoring the child. Till now there is no sign of recurrence. We have mentioned that in the text.