Author's response to reviews

Title: Subacute phase treatment of subperiosteal hematoma of the orbit with epidural hematoma in the frontal cranial fossa: Case report

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Author's response to reviews: see over
Reviewer's report Title: Subacute phase treatment of subperiosteal hematoma of the orbit with epidural hematoma in the frontal cranial fossa: Case report
Version: 1 Date: 17 October 2011
Reviewer: Dinko Leovic
Reviewer's report:
Dear authors!
Since the subperiosteal orbital haematomas are rare conditions, any report, in my opinion is worth of publishing. However, your manuscript requires major revision, mostly because of lack of clearness in all parts of manuscript.

1. Your statement (in abstract) that surgical intervention in a subacute phase of subperiosteal orbital haematoma (SOH) leads to absence of functional and cosmetic results is not logical, as well as not supported by evidences from your case report or your previous experience. For an example, early surgical intervention, if the ocular status indicates- mostly progressive visual loss, could save someone’s eye, and in the same time it will result with excellent cosmetic result. On the contrary, if someone awaits until subacute phase in this particular case, the functional result will be disastrous, while cosmesis unimportant. Also, your last sentence (in abstract) should be shorter. You must clearly note that surgical treatment of SOH in a subacute phase (in this particular case at least) was an appropriate method of treatment.

We have revised the manuscript in line with your recommendations. As per your comment, we have also changed the latter half of the abstract so that the text now reads, “Due to our performing surgical intervention during the subacute stage, functional complications as well as cosmetic problems were avoided. Our results demonstrate that surgical treatments for subperiosteal hematoma of the orbit should be delayed until it can be confirmed that a patient has no other complications.

2. "Background" In differential diagnosis of postraumatic SOH you missed to mention the most important condition- retrobulbar haematoma. The last sentence: "From the viewpoint of complications........." is not necessary.

As per your comment, we have added retrobulbar hematoma as another differential diagnosis in addition to deleting our last sentence.

3. "Case presentation"
pg 5. In the last sentence you probably want to say "proptosis of the right eye and diplopia".

In line with your comment, we revised the sentence so that it now reads, “In other words, proptosis of the right eye and diplopia were observed.”

- supplemental intraoperative figure is too important for this manuscript and should be present as regular figure, not supplemental.
We have revised our figures so that the previous supplemental figures 1A and 2A are now presented as regular figures.

4. "Discussion" You missed to insert the headline above the chapter "Discussion". As per your comment, we added the heading, “Discussion” to our text.

pg 8. I do not understand the term "pure type of haematoma"- did you mean "retrobulbar hematoma"? If so, you should use the term retrobulbar hematoma. As per your recommendations, we have changed “pure type of hematoma” to “retrobulbar hematoma”.

pg 8. Indeed, there are some other causes of SOH apart from trauma, and you numbered them well. These nontraumatic causes are especially important in childhood in terms of differential diagnosis. Therefore, the most frequent orbital space occupying lesions (vascular anomalies, tumours etc.) should be mentioned and explained in discussion.

Thank you for your advice. However, since we could not locate any literature that discusses the most frequent orbital space occupying lesions, we were not able to add this material to our discussion section.

pg 9. The mechanism of SOH development in children because of loose attachment of periosteum should be explained more precisely.

In line with your suggestion and to help us more precisely explain this concept, we have added the following text to this section, “:in other words, it is easier for posttraumatic bleeding followed by hematoma formation to occur at a younger age, as the periorbita is apt to be dissected from the orbital roof.

pg.9 Please, explain clearly the mechanism of upgaze disturbance! I do not understand what did you mean explaining the status of diplopia 14 day after the treatment. Be clearer!

As per your suggestion, we revised the material so that it now reads as follows: “The patient in the current case exhibited a disturbance of upward gaze of her right eye, which might have been related to a mechanical restriction of the superior rectus muscle”.

It is very important for discussion to explain the differences between SOH which is mostly not surgical urgency and retrobulbar haematoma which is an extremely urgent condition. In this way you will also simply explain why your subacute surgical treatment in this particular case (the child had no visual impairment) was reasonable.

We have revised our text that explains the differences between SOH and retrobulbar hematoma. For example, we have added the following sentence to this discussion: “In contrast, since there have been few previous reports of subperiosteal hematoma in the orbit with rapidly progressing severe symptoms such as constriction of visual field or blindness differing from retrobulbar hematoma,
other studies have stressed the importance of using observation to prevent surgical intervention-caused sequelae, such as local infection or re-bleeding.”

5. Your Conclusion should have a stronger impact. According to your experience you should propose surgical orbital decompression as an appropriate and superior method of treatment (simplicity, safety, avoidance of late sequelae, avoidance of haematoma re-formation etc.) and to propose when to act immediately, when in subacute phase.

In line with your suggestions, we have revised the material in our concluding remarks.

Best wishes and good luck!

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
Reviewer's report Title: Subacute phase treatment of subperiosteal hematoma of the orbit with epidural hematoma in the frontal cranial fossa: Case report
Version: 1 Date: 3 March 2012
Reviewer: Nobuo Fuse

Reviewer's report:
This paper described subacute phase treatment of subperiosteal hematoma of the orbit with epidural hematoma in the frontal cranial fossa. This would be the interesting study to the clinicians. However, some comments should be pointed. So please reply to the queries.

Major Compulsory Revisions
1. You mentioned that “Thus, specific treatments recommended for cases of subperiosteal hematoma of the orbit remain controversial at the present time.” in page 10. And many published studies in the literature have recommended that surgical treatments be performed in a rapid recovery without sequelae [5]. However, other studies have cited the importance of using observation to prevent surgical intervention-caused sequelae [3] [6]. It would be case by case. So it would be better to review of the literature and make the table to look at a glance to know how the status of the disease, the age of the onset, would make difference on the decision. And please discuss the time course of the intervention, for instance, which acute or subacute intervention is better?

Thank you for your comments. In most cases of subperiosteal hematoma of the orbit, surgical intervention during the acute phase has proven to be effective and leads to few sequelae. However, there are some cases of subperiosteal hematoma of the orbit for which there have been complications that ultimately caused problems when surgical treatment was performed during the acute phase. As per your comments and those of another reviewer, we have revised our manuscript so that it now states that immediate surgical treatment combined with setting a drain should only be performed after a stable general status is confirmed. This strategy is simple, safe and solves patients` complains at an earlier stage and is without late sequelae.

While we attempted to create a table in line with your suggestion, we ultimately decided against submitting this, as Pope-Pegram and Hamill have previously published this information [3], in addition to presenting a summary of algorithms that can be used for the management of post-traumatic proptosis.

Minor Essential Revisions
2. The numbers of the three figures are approximate.

We have revised our figures so that the figure numbers are now correct.
3. I do not make sense there are some underlines on the manuscript.

We have further revised the sentences you underlined in our manuscript during your review.

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

**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.