Reviewer's report

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

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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.

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.

3. "Case presentation"

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

- supplemental intraoperative figure is too important for this manuscript and should be present as regular figure, not supplemental.

4. "Discussion"

You missed to insert the headline above the chapter "Disccusion".

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.

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.

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

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!

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.

5. Your Conclusion should have a stronger impact. According to your experience you should propose surgical orbital decompression as a 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.

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