Author's response to reviews

Title: High-dose antioxidants for central serous chorioretinopathy; The randomized, placebo-controlled study.

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Author's response to reviews: see over
27 January 2012

Dear Editor,

Enclosed please find the revised manuscript, "High-dose antioxidants for central serous chorioretinopathy; The randomized, placebo-controlled study", for re-consideration for publication in "BMC Ophthalmology". This study has not been published elsewhere.

The research was approved by our Ethics Committee, Faculty of Medicine, Prince of Songkla University on December 2004 (EC 47/362-023), and before the enrollment, all patients signed the consent forms. The research has also registered in the www.ClinicalTrials.gov (NCT 00963131). We did not have financial support from any industrial company for this study.

We also included the responses to the editor and reviewers comments as follow,

The responses to editor comments

Comment 1; The editor recommended the English correction by a native English consultant.
Response & answer; We have sent the whole revised manuscript to our English consultant of the Faculty of Medicine, Prince of Songkla University. The revised manuscript has been reviewed by the consultant who is a native English speaking.

Comment 2 & 3; The format of our abstract and manuscript have been changed to the journal format (background, methods, results, discussion and conclusion)
Correction 4; The authors contribution has been corrected.

The responses to reviewer 1 comments

Major compulsory revisions
Comment 1; The reviewer asked about the recurrent cases and the status of their retinal pigment epithelium.
Response & answer; In our study, we intended to include only the acute onset cases. We excluded cases with chronic CSC and complicated cases such as diffuse retinal pigment epitheliopathy. In our 58 cases, there were no cases showed such signs of chronicity. Moreover, in the revised manuscript, we have expanded the exclusion criteria to be multiple attacks (more than 2 times), large PED and multiple or diffuse retinal
pigment epitheliopathy (page 5 and page 10, as underlined sentences).

Comment 2; The reviewer mentioned about the previous generation of Stratus time domain OCT that limited the evaluation of subretinal fluid. Response & answer; We agreed that this was our limitation at that time, so we included this point in our study limitation paragraph (page 12-13, as underlined sentences)

Comment 3; The reviewer asked about cases with intraretinal fluid. Response & answer; From the study, although there were some cases showed intraretinal fluid, there were only few cases showed cystoid macular edema. The chronic cases were also excluded by the exclusion criteria as mentioned in comment 1.

Comment 4; The reviewer recommended to expand the study limitation. Response & answer; We have expanded the limitation as mentioned in comment 2.

Comment 5; The reviewer suggested to change the final conclusion Response & answer; We agreed and already changed the final conclusion as suggested by the reviewer (page 13 and final sentence of the revised manuscript).

Minor essential revisions
The reviewer suggested correcting the grammatical and typographical errors.
Response & answer; We have sent the whole revised manuscript to our English consultant of the Faculty of Medicine, Prince of Songkla University. The revised manuscript has been reviewed by the consultant who is a native English speaking.

The responses to reviewer 2 comments
Major revisions needs
Comment paragraph 1; The reviewer asked about the different types of CSC such as the chronic or acute cases and the leakage patterns (inkblot and smoke stack) that can effect the results. Response & answer; In our study, we excluded the chronic cases such as multiple attacks (more than 2 times), large PED and multiple or diffuse retinal pigment epitheliopathy (page 5 and page 10, as underlined sentences). So, in our study, the patients were only CSC in acute stage. About the leakage patterns, we have reviewed the FFA again and found that 90% of cases demonstrated inkblot leakage and only 10% showed smokestack leakage (page 7-8, as underlined sentences). So we could not do the subgroup analysis about the treatment results between both leakage patterns (because of the small sample size of smokestack group). We also included this point in the study limitation paragraph (page 12-13, as underlined sentences).

Comment paragraph 2-7; The reviewer asked to correct the English of the
Manuscript.
Response & answer; We have sent the whole revised manuscript to our English consultant of the Faculty of Medicine, Prince of Songkla University. The revised manuscript has been reviewed by the consultant who is a native English speaking.
Comment paragraph 8; The reviewer suggested to put the typical example picture of cases for the readers.
Response & answer; We put the new picture (figure 1) of typical fundus and fluorescein findings to be the example for readers.

Sincerely yours,

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