Reviewer's report

**Title:** Worsening angle closure glaucoma and choroidal detachments subsequent to closure of a carotid cavernous fistula

**Version:** 2  **Date:** 23 May 2012

**Reviewer:** Gabor Michael Halmagyi

**Reviewer's report:**

Responses to responses

5. The arteriogram shown is a selective external carotid injection and this needs to be stated in the figure legend. We also need to know which branches of the external carotid supplied the fistula (?ascending pharyngeal) and if there was any supply from a selective internal carotid injection. Not sure what Dr Ayad’s contribution was to this case. Did she/he do and interpret the angiogram and advise on embolization, report the “normal” orbit CT?

6. The results of orbit CT need to be given so that the reader does not go away with the false idea that one does carotid arteriograms for all red eyes with normal CT – unless it is believed that corkscrew vessels are virtually pathognomonic. There needs to be some discussion of why one might go on to arteriography for a red eye with the normal CT orbits. Was contrast given? Has a neuroradiologist seen the CT?

7. The bruit is truly puzzling as it almost never occurs with indirect CC fistulas and again the reader might gain the false impression that absence of a bruit in someone with a red eye and a “normal” CT means no CC fistula.


**Level of interest:** An article of importance in its field

**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'