Author's response to reviews

Title: Changes of Intraocular Pressure after Pharmacologic Pupil dilation

Authors:

Joon Mo Kim (kjoonmo1@gmail.com)
Ki Ho Park (kihopark@snu.ac.kr)
So Young Han (acylia@naver.com)
Kwan Soo Kim (kwaans@hanmail.net)
Dong Myung Kim (dmkim@snu.ac.kr)
Tae Woo Kim (twkim7@snu.ac.kr)
Joseph Caprioli (caprioli@jsei.ucla.edu)

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Author's response to reviews: see over
Reviewer's report:
I am still not quite sure I understand the author's conclusions. Is it that IOP increases during dilation because more aqueous proteins and cells travel into the trabecular outflow pathways, become trapped and increase outflow resistance? There's less flare in the anterior chamber during dilation according to Figure 1. Maybe less flare is produced and less rather than more becomes trapped in the TM. Measurements of outflow facility would have been very valuable in interpreting the data.
Based on the reported data, one can conclude that dilation causes an increase in IOP but one cannot conclude anything else.

Author's response to review
We are talking about our conclusion. We made change. In our conclusion, we will rule out the hypothesis and state a fact as below.

<Conclusion section at the abstract>

Previous version
Conclusions: Dilation of pupil significantly elevated IOP incidentally in normal subjects. Further related studies are warranted to characterize the mechanism of increased IOP after dilation.

Corrected version (page 3)
Conclusions: Dilation of the pupil significantly and incidentally elevated IOP in normal subjects. Further related studies are warranted to characterize the mechanism of the increased IOP after dilation.

<Conclusion section at the manuscript>

Previous version
According to the results of this study, pupil dilation caused an elevation of IOP that may be explained by crowding of protein (flare) into the trabecular meshwork. Flare values decreased and anterior chamber angles increased after mydriasis. The elevation of IOP was significant until four to six hours after dilation. Afterwards, IOP decreased slowly until it reached predilation levels (\(p>0.05\)) (Table 1). Further related studies in glaucoma patients are warranted to characterize the mechanism of increased IOP after dilation in the diseased state.
According to the results of this study, *pupil dilation caused an elevation of IOP*. The elevation of IOP was significant until four to six hours after dilation. Afterwards, IOP decreased slowly until it reached pre-dilation level. Further related studies in glaucoma patients are warranted to characterize the mechanism of increased IOP after dilation in a diseased state.

Also we consulted an expert to correct our broken English.

We hope that the Editors Reviewers will now find this revised manuscript suitable for publication.

**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'.