Author's response to reviews

Title: Unilateral proptosis in Thyroid Eye Disease with subsequent contralateral involvement: retrospective follow-up study.

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Author's response to reviews: see over
Dear Editor in chief,

We are glad for the positive answer about the article entitled "Occurrence of proptosis in contralateral eye in thyroid associated orbitopathy presenting with unilateral exophthalmos: retrospective follow-up study". After a revision of the manuscript, our native English speaking colleague, suggested us to change the title of the article in "Unilateral proptosis in Thyroid Eye Disease with subsequent contralateral involvement: retrospective follow-up study ". We followed, point by point the suggestions of the reviewers and changes the text as requested. We hope that now the article is ready for publication.

Answers to reviewer’s queries:
Query 1: For a clinician, we would like to better prognosticate a patient's unaffected eye (i.e. non-proptotic eye), as well as that of the asymmetrically less affected eye. When defining these 2 entities "unilateral unaffected eye" and "asymmetric disease" clearly, as alluded to by the authors, asymmetric disease may not always mean a unilateral proptosis, but can represent cases where the disease has caused bilateral proptosis but quite asymmetrically.

Answer 1: Thank you for your suggestion, we changed “asymmetric eye” with “non-proptotic eye” into the manuscript.

Query 2: I do not note any mention of gender differences in relation to TAO in the results, except in the table. I think this is an important point to note and comment on in the paper. I infer that the effect of radiotherapy was not detailed in the discussion as there were too few numbers for useful comments.

Answer 2: We did not mentioned any gender difference in relation to TAO in the results because we did not find any statistically significant differences correlated to the gender as now is specified in the text, in the results section.
Query 3: Line 339-340: "we considered the thyroid status during the previous 6 months prior to presentation"- were the authors referring to the point of presentation as the point when the second eye developed exophthalmos? Or was it at the point when the patient was first seen with unilateral exophthalmos? Although TAO has been known to occur under euthyroid conditions, it would be useful to know the trend of the thyroid status (from the initial point of diagnosis with unilateral exophthalmos till the point when they develop bilateral exophthalmos), as most patients would usually be made biochemically euthyroid after many years of follow-up, as they would either be on thyroid suppressing agents or thyroxine replacement after being rendered hypothyroid by thyroidectomy or radioiodine treatment.

Answer 3: We had suitable data regarding only the 6 months prior the development of the contralateral exophthalmos.

Query 4: The variation of the time of reactivation of TAO in causing the second eye to be proptotic was documented. It would be additionally educational if the duration of time for which the patients had been diagnosed with thyroid disease was also documented.

Answer 4: We tried to collect data about the length of time the patients had been diagnosed with thyroid disease, but the retrospective nature of the study did not allow us to report those data.

Query 5: It would be ideal if there was also a consideration of the thyroid autoantibody levels and its trend from the outset of diagnosis till the point of follow-up.

Answer 5: Those data were not available for all patients in our cohort.

Best Regards

Diego Strianese on behalf of the authors.
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