Author's response to reviews

Title: Clinical And Microbiological Profile Of Infectious Keratitis In Children

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Reviewer 1: Rasik B Vajpayee
The reviewers have addressed the queries adequately.

Reviewer 2: Fiona Stapleton

1. The abstract has several typographical and grammatical errors where revisions have been made in the text.
   We corrected the mentioned errors in the abstract.

2. Background – missing word ‘is’ in second para second sentence
   We added “is” in the second para second sentence.

3. Methods – the statement about corneal scraping and microbiology workup should be deleted from the first paragraph of the methods as the detail has now been included in para 3. Para 3 needs to be proofread. E.g First sentence needs a full stop not comma, CO2 not CO etc.
   We did the mentioned modifications.

4. Results. The visual acuity data showing overall improved results at discharge compared with admission may be better analysed with ANOVA across the visual impairment groups (it may be worth making 3 groups rather than 4 given that the sample size is reduced to 31) rather than a simple t test, and excluding those
cases with missing data. The text describing the finding for those with poorer VA at presentation is not consistent with how the data are presented in Figure 1.

The analysis of change of visual acuity was done with ANOVA and figure 1 represents a linear regression model of change of visual acuity at discharge for every unit of change of visual acuity at admission.

5. Discussion

a. Page 8 end of para 2, delete etcetara.

We delete et cetera.

b. The authors have added a statement in the discussion about possible reasons for the relatively low culture proven rate compared with other studies in paediatric populations. It would be helpful to understand what the specific issues were in this study compared to the other 2 – for example in terms of difficulties in getting quality samples from children, did the other studies sample under general anaesthesia. We added the following sentence: “The higher rates of culture positivity reported in the other studies, may also be explained by their use of general anesthesia or deep sedation for corneal scrapings in uncooperative patients”, as the mentioned studies report.

c. References 14 and 15 are not primary references to exposure to contaminated disinfection solutions and biofilm formation. We added 2 references in according to the statement: “exposure to contaminated disinfectant solutions and biofilm formation”
