Author's response to reviews

Title: Retinal artery occlusion as the only manifestation of left atrial myxoma: a case report

Authors:

Yingying Yu (zjyyyyu@126.com)
Ying Zhu (zjzhuying@126.com)
Aiqiang Dong (zjdongaigiang@126.com)
Zaoan Su (zjsuzaoan@126.com)

Version: 3
Date: 8 November 2014

Author's response to reviews: see over
Dear Dr. Tacbobo,

Many thanks for your kind and fruitful attention to our proposed manuscript, submitted as a possible contribution to BMC Ophthalmology. We also thank the reviewers for their valuable comments that not only helped us with the improvement of our manuscript, but also gave us many valuable ideas for future studies. Please forward our heartfelt thanks to these experts.

We have tried our best to revise the manuscript in accordance with the reviewers’ comments and editorial suggestions, and responded to the comments point by point as listed below. In addition, we also have asked a bilingual scientific editor to double-check the English for this version. We hope the new version will meet the high standard set by the journal.

We are looking forward to hearing from you soon. Thank you very much.

With kindest regards,

Yours Sincerely

Yingying Yu
Reviewer1: Cheung-Ter Ong

Major Compulsory Revisions


Response: Thank you for your comments. We report a case of left atrial myxoma with sudden fainting and retinal artery occlusion as the manifestation. Our case had a single episode of fainting, followed with sudden loss of visual acuity. This history of fainting was overlooked by ophthalmologist in local hospital. Our report will let ophthalmologists be alert to this kind of condition and focus on the detail of medical history. We have add the importance in the Background section as you suggested.

2. In the abstract: "A retinal artery occlusion was found in her right eye". This is different to the case presentation, which is "left retinal artery occlusion".

Response: Thank you for your comments. We are sorry for the typo in previous version. We have corrected in the new version.
3. **Background, the author must show the importance or the special of report the case, not only it is a rare case.**

**Response:** Thank you for your valuable comments. The special point is that this case had a single episode of fainting, followed with sudden loss of visual acuity. This history was overlooked by ophthalmologist in local hospital. Our report will let ophthalmologists be alert to this kind of condition and focus on the detail of medical history. Thank you for your suggestion.

4. **Case presentation:**

The 43-years-old women, loss her eye vision after coma. The author must present the cause, symptom and clinical course of the event. Whether it caused by ischemic infarct, vertebrobasilar artery insufficiency or other disease?

**Response:** Thank you for your comments. We are sorry for misusing the word “coma”. We reviewed the medical record of the patient, and found the episode was fainting since it last only about ten seconds and never loss of consciousness. Therefore, the expression of “sudden fainting” was better. We speculated the cause of this symptom resulted from myxoma suddenly obstructing the left atrial outflow tract. No ischemic infarct, vertebrobasilar artery insufficiency or other diseases were found after examination.

5. **Discussion:**
"Only 4 reported cases of patients with retinal artery occlusion caused by left atrial myxoma" May underestimate the reported cases? Author need search more data to confirm the discussion.

Response: Thank you for your comments. We have searched PUBMED again, and found more cases reported. We have corrected the expression.

Reference may be wrong: Schmidt report is reference 3 but author labeled as 4.

Response: We are sorry for the wrong citation, and corrected the label. Thank you for your suggestion.

Examination revealed a bone-white fundus with no perfusion of the retina or circulation. (what is the mean?)

Response: We have revised the sentence to “Examination revealed a bone-white fundus with no perfusion of either the retinal or choroidal circulations”. Thank you for your suggestion.

Reviewer2: Dieter Schmidt

The manuscript is written in a suitable, correct way. However, I recommend that the authors should mention in addition that myxoma may cause several other ocular problems and not only central retinal arteries occlusions or branch retinal artery
In the publication by Schmidt et al. that was quoted by the authors of the manuscript, they can find additional ocular changes, for instance homonymous hemianopia or ocular motility disorders.

Response: Thank you for your comments. We had added a paragraph to highlight other ocular problems caused by myxoma in Discussion section. Your suggestion would improve the quality of this manuscript.

Reviewer3: Ismail Shatriah

Major compulsory revisions:

1. Please highlight the added knowledge in this case report, when compared to references no.2 and 3.

Response: Thank you for your comments. We report a case of left atrial myxoma with sudden fainting and retinal artery occlusion as the manifestation. Our case had a single episode of fainting, followed with sudden loss of visual acuity. This history of fainting was overlooked by ophthalmologist in local hospital. Our report will let ophthalmologists be alert to this kind of condition and focus on the detail of medical history. We have add the importance in the Background section as you suggested.

2. Elaborate on cause of coma that this patient had prior to ocular problem. –Was there any possibility or linkage to her cardiac status.

Response: Thank you for your comments. We are sorry for misusing the word “coma”.

Response: Thank you for your comments. We had added a paragraph to highlight other ocular problems caused by myxoma in Discussion section. Your suggestion would improve the quality of this manuscript.
We reviewed the medical record of the patient, and found the episode was fainting since it last only about ten seconds and never loss of consciousness. Therefore, the expression of “sudden fainting” was better. We speculated the cause of this symptom resulted from myxoma suddenly obstructing the left atrial outflow tract. No ischemic infarct, vertebrobasilar artery insufficiency or other diseases were found after examination.

3. *Please specify the improvement of visual acuity in the affected eye (page 6)*

**Response:** Thank you for your comments. She was followed, and her visual acuities improved to 20/400 OS. We have added it to the manuscript.

*Minor compulsory revision:*

1. *Wrong spelling ‘backgroud’ –page 6*

**Response:** Thank you for your comments. We are sorry for the typo of the word “background” in previous version. We have corrected in the new version.