Author's response to reviews

Title: Essential Infantile Esotropia: Postoperative motor outcomes and Inferential Analysis of strabismus surgery

Authors:

Adriano Magli (magli@unina.it)
Roberta Carelli (robertacarelli@hotmail.it)
Francesco Matarazzo (francesco.matarazzo@gmail.com)
Dario Bruzzese (dario.bruzzese@unina.it)

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Author's response to reviews:

Dear Editor,

These are the latest revisions made by the authors, explaining each point made by the reviewer, related to this new uploaded version of the paper.

1) What is medium grade amblyopia? This is a generalization and specific definition of these amblyopia patients visions should be given.

Classification of amblyopia degree is variable among different authors. We consider mild amblyopia as a BCVA greater than 0.2 logMAR, medium grade or moderate amblyopia a BCVA between 0.2 and 0.5 logMAR, severe amblyopia a BCVA lower than 0.5 logMAR.

Most EIE patients are alternators and if not how was this managed prior to surgical intervention?

All children included in our study were alternating preoperatively. As specified in backgrounds, surgical intervention is subordinate to the presence of alternating fixation (spontaneous or re-educated)

Did this play a role in the final results and were unsuccessfully treated amblyopes eliminated from the study.

Yes, children who were not alternators were excluded by the study.

Although medial rectus recession was the authors choice for small angles and assuming this was group one, the charts do not have a group one. There is a statement that in the conclusion of the abstract regarding small angle EIEs with good results

7 types of surgery were performed, identified by numbers 1 to 7 (Tab. 1). Type 1 surgery (OO rec RM) 6 patients were excluded from the data analysis, due to too small sample for statistical evaluation.

3) Amounts of surgery were not mentioned in the text or present in the charts for any of the groups. Was the same amount of medial rectus recession done in
each category or was there a variation in the amount done within each group? At least show a range of amounts done for both recessions and resections. Although medial rectus recession was the authors choice for small angles and assuming this was group one, the charts do not have a group one.

Data concerning entity of recessions and resection in terms of mm are reported in new table (table 4).

Minor Essential Revisions

1) Oblique dysfunction and disassociated vertical deviation. They obviously occur in these patients but what type of surgery on these treated were they all recession with or without anteriorization or did some have myotomy, myectomy or disinsertion.

No myotomies, myectomies or disinsertion were performed in our cohort.

Did the DVD occur before or after the horizontal surgery and how was this managed?

DVD was present preoperatively, but its entity did not require in approach during first surgical procedure.

2) Since EIE are usually large angle deviations can you explain why more than a third of the patients in this study are 40° or less. and did these just have bilateral medial rectus recessions.

Data report the distribution of angle amplitude described in our cohort. Patients did not undergo bilateral MR recession but different approaches with different entities of recession and resections.

3) Krimsky being used to measure distance deviations. Please show reference for this.

Harley's Pediatric Ophthalmology. Pupillary light reflex test " when measuring strabismus using both Hirshberg and Krimsky test. Although both tests are classically performed using a pen light at near, they can also be performed using a distant light source"


4) Should show which group had the supramaximum (7+mm) recessions

No patient underwent a recession greater than 7 mm.

Above corrections are highlighted in the new submitted paper.

Kind regards