Major Compulsory Revisions

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

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

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

2) 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

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.

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

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.

3) I am not aware of Krimsky being used to measure distance deviations. Please show reference for this.

4) Should show which group had the supramaximum (7+mm) recessions
Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.