Reviewer's report

Title: Long-term outcomes of unilateral lateral rectus recession versus recess-resect for intermittent exotropia of 20-25 prism diopters

Version: 1 Date: 1 February 2014

Reviewer: Lihua Wang

Reviewer's report:

1. Minor Essential Revisions: I congratulate the authors for this well analyzed retrospective study. The study methodology is appropriate and well described, the statistical tests are appropriate, and the limitations of the work are clearly stated.

However, there are still some concerns regarding the manuscript and I recommend Minor Essential Revisions.

I congratulate the authors for this well analyzed retrospective study. The study methodology is appropriate and well described, the statistical tests are appropriate, and the limitations of the work are clearly stated.

However, there are still some concerns regarding the manuscript.

(1). In Background, paragraph 3, the authors described “Many studies have compared ULR and BLR in moderate-angle intermittent exotropia. Some authors reported equal effectiveness in cases of mild-to-moderate intermittent exotropia [11-15]”. I think it is inappropriate to quote the references 12-14 because these papers did not mention the comparison of ULR and BLR in moderate-angle intermittent exotropia.

(2). In Method, paragraph 3, the authors have described “Good control was defined if the fusion breaks only after cover testing and resumes rapidly without need for a blink or refixation”, it is better to indicate that if the patients fix on a distance (6 meters) or near (1/3 meter) target? Or both? How to distinguish between exophoria and IXT? I think that the scale for assessing control in intermittent exotropia described by Mohney and Holmes is more appropriate (Mohney BG, Holmes JM. An office-based scale for assessing control in intermittent exotropia. Strabismus 2006;14:147-50.)

(3). The preoperative characteristics In table 2 should include refractive errors and best corrected visual acuity. As amblyopic IXT patients are more prone to be recurrent, the authors should indicate the rates of amblyopic subjects in the two reoperation groups. It’s better to exclude the amblyopic subjects from the study.

(4). I personally think that it will be much clearer to use “-” for exodeviation and “+” for esodeviation in both the manuscript and the supplementary materials.

(5). In Results, paragraph 3, the authors have described “Surgical success was achieved in 74 patients (90.2%) in the ULR group and 97 patients, ……”. It is better to indicate that “Surgical success was achieved in 74 patients (90.2%) of
82 patients in the ULR group and 97 patients (99.0%) of 98 patients in the RR group at postoperative 1 month,........

(6). If the authors added the undercorrection and overcorrection rates to table 5, it may be clearer.

**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.

**Declaration of competing interests:**

I declare that I have no competing interests