Author's response to reviews

Title: Relative Lens Vault in Subjects with Angle Closure

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Author's response to reviews: see over
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Dear Editor-in-Chief and Associate Editor,

We would like to thank you and the reviewers of the *BioMed Central Ophthalmology* for taking the time to review our paper. We have made some corrections and clarifications in the manuscript after going over the reviewers’ comments. We hope the revised manuscript will better meet the requirements of your journal for publication. We thank the editor and the reviewers once again for the constructive review of our paper.

Sincerely,

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**Reviewer:** Florent Aptel

**Major revisions/comments:**

1. Lines 63-67: any references to support these assertions? If not I would mention that, at this time, it is just a suggestion (as the main goal of the present study is to evaluate this hypothesis).

   We agree with the reviewer that those assertions are just a hypothesis and that the main goal of the present study was to evaluate them. We have revised the manuscript accordingly. [Page 3, lines 63-69]

2. Line 119: luminance of the room, it is very hard to obtain 0 lux in a room, is it an estimation or was the luminance checked with a measurement device?

   As the reviewer recognizes, it is difficult to obtain 0 lux in a darkroom. To make an excellent measuring environment, we prepared a room with no windows or any other illuminating devices (except for the monitor). The manuscript was revised accordingly [Page 5, lines 119-120].

3. Results, Table 2. Which test was used to compare the data? I presume an unpaired t-test, as mentioned in the part Methods.

   A. I have used a t-test calculator with the mean, SD and number of subjects to compare the anterior vault of the 2 groups (3.11 ± 0.77 versus 3.28 ± 0.79 I found a p value of 0.12 instead of 0.012 mentioned in the Table).

   B. Idem for the estimated AV (p value of 0.10 instead of 0.002)

   We re-verified the statistical results throughout the paper. As the reviewer has noted, in Table 2, there were mistakes in the p-values of the two parameters. Please accept our sincere apology for that (there was an error in a statistics process that went undetected). We faithfully revised the manuscript and Table 2 accordingly. [Page 1, line 3], [Page 2, lines 28-29, and lines 39-41], [Page 9, lines 213-216], [Page 12, lines 276-277], [Page 19, Table 2]

4. Results: Were the diagnosis abilities of the two new parameters evaluated separately in PAC and PACG eyes?
It is a limitation of the present study that we did not separate the PAC and PACG in the analysis. We regret that we could not design the study with two separate groups. However, the study was based on a comparison of a PAC(G) group with an age- and gender-matched control group. Thus, practically, it was difficult to separate the two groups. We added this fact (to the Discussion) as an important limitation of this study.

Page 13, lines 296-297

5. Discussion: One limitation of the present study could be added. As all patients of the present study already have had laser iridotomy, it is not possible to compare the diagnosis ability of the novel parameters described here to those of parameters such as the AOD, TISA, ARA, etc. which could also have a high diagnosis ability.

Following the reviewer’s suggestion, we added that limitation regarding laser iridotomy to the Discussion.

Page 13, lines 295-296
Specific comment:

1. It's better to report the parameters in PAC and PACG cases separately. The angle parameters in each group should be mentioned in a table.

   It is a limitation of the present study that we did not separate the PAC and PACG cases in the statistical analysis. We regret that we could not design the study for two separate groups. This notwithstanding, the present study was based on a comparison of a PAC(G) group with an age- and gender-matched control group. Thus, practically, it was difficult to separate the two groups. We added this fact (to the Discussion) as an important limitation of this study.
   [Page 13, lines 296-297]

2. Was there any PAS in PACG group?

   Among the 124 PAC(G) patients, 64 subjects (51.6%) were determined to have peripheral anterior synechiae. Seven of those 64 were excluded due to low-quality AS-OCT images on which the scleral spur could not be clearly defined on the horizontal scan (nasal-temporal angles: 0°–180°). We added this to the Results.
   [Page 9, lines 197-200]