Author's response to reviews

Title: The Effect of Posterior Subtenon Methylprednisolone Acetate in the Refractory Diabetic Macular Edema: a prospective nonrandomized interventional case series

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Author's response to reviews:

The work is original and there is no conflict of interest because the sole financial sponsor is the Research Vice-Chancellery of Tabriz University of medical Science. Approval for the study has been issued by the Ethics committee of the University. Also this work is neither submitted nor under consideration elsewhere.

A - The first referee's comments

Major Compulsory Revisions:

The synthetic analogous of the natural glucocorticoids e.g. triamcinolone acetonide and methylprednisolone acetate (Depomedrol) are frequently used as potent anti-inflammatory effects in disorders of many organ systems [1, 2]. The mentioned analogous are equipotent for anti-inflammatory aspect and have been injected to the tissue around the eye for the management of non-infectious and non-diabetic uveitis [3]. The reason for choosing Depomedrol in the present study was based on the fact that it is a long acting as slow release change from due to very low aqueous solubility and high potency of methylprednisolone acetate [1], as well as possessing a higher membrane permeability reactive to its counterpart i.e. triamcinolone acetate (the corresponding permeability parameters log P are 2.7 for Depomedrol versus 2.53 for triamcinolone) [4].

References:


In our study cataract progression did not occur after single dose injection of Depomedrol and 3 months follow-up interval.

Our goals were to follow-up only at a short period of time (3 month), but it is obvious that more prolonged follow-up is needs further studies.

Minor Essential Revisions:

1. Missing labels and wrong use of term on tables was corrected (p. 14).
2. Conclusion section was corrected (p. 2).
B- The second referee's comments

Major Compulsory Revisions:

1. Methods, brand, and model of the OCT machine and measurement program was added to the text (p. 5).
2. Retinal thickness in subfoveal & extrafoveal hard exudates group measured by OCT with same method.
3. Methods of differentiation between subfoveal and extrafoveal exudates were slit-lamp examination with a 78-diopter indirect lens, fundus photography and fluorescein angiography, were added to the text (p.6).
4. Our purpose from the study was only focus on the location of hard exudates (based on extrafoveal or subfoveal).

Minor Essential Revisions:

1. Optical coherence tomography was added before OCT (p. 5).
2. This is table-1. Was corrected (p. 6).
3. Blood retinal barrier was added before BRB (p. 8).
4. Jonas et al was corrected (p. 8).
5. Reference 4 was corrected.