Author's response to reviews

Title: Presumed Stromal Graft Rejection After Automated Lamellar Therapeutic Keratoplasty

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Author's response to reviews: see over
RE: MS: 5892928101272361, entitled “Presumed Stromal Graft Rejection After Automated Lamellar Therapeutic Keratoplasty”

To the Journal of Medical Case Reports Editorial Team

It is an honor for us to contact you on the revision of our manuscript MS#5892928101272361 which received favorable revision with decision of publication pending revision. We revised our paper in accordance with reviewer comments as follows: Please note that we will remain open to further comments coming from the editorial board in future correspondence, and if you have any questions concerning the manuscript, we would be happy to answer them.

Point-by-point response:

Reviewer 1
We would like to extend our sincere thanks and gratitude to the reviewer for his/her very kind, sharp and clear cut comments which increased the appeal and readability of the paper as far as the readership of the journal is concerned, in our belief. We responded to Reviewer 1 suggestions one by one as follows:

1. The authors state that the rate of stromal rejection may increase as the number of lamellar keratoplasties increase. The "number" may increase, but it doesn't make sense that the "rate" would increase.

   We agreed and changed the word “rate” to “number”.(p3 line9)

2. Please note the corneal thickness preoperatively and which keratome and setting and plate was used to remove the corneal tissue from the patient and the donor.

   The patient’s cornea was too thin to perform PTK because of previous keratectomy, which was judged by slit lamp examination. However, we didn’t measure the exact cornea thickness by pachymetry.

   We added the sentence about preparation of the donor graft and recipient bed in detail as follows, “Using the “Moria LSK Evo-II MircoKeratome Evo II Micro
Keratome (Moria Japan, Tokyo, Japan), a 9.5-mm-diameter, 200 µm-depth flap was cut out from the recipient cornea. In same way, a 9.5-mm-diameter, 300 µm flap was obtained from a donor cornea maintained in an artificial chamber (Moria Japan).”(p4 line10)

3. If there was only one eye reported, then they should state the actual number of days that the graft material was preserved, rather than "for up to 7 days."

We agreed the comments and stated “7 days”, the actual number of days that the graft material was preserved in the manuscript. (p4 line16)

4. It is likely that the large graft size is not the only contributing factor - so the statement "In our case, the contributing factor to stromal rejection was most likely the large graft size in ALTK" should be reworded to suggest that "one contributing factor to stromal rejection could be the large graft size in ALTK."

We agreed the comments, and reworded as reviewer’s suggestion. (P7 line 4)

5. Their case does not really suggest that stromal rejection may occur after penetrating keratoplasty. It suggests that stromal rejection can occur after lamellar keratoplasty. They could reword and put in the discussion to suggest that possibly stromal rejection is overshadowed by endothelial rejection in PK, but this statement does not belong in the conclusion.

   We put the sentence to the discussion “Although such stromal rejection is not included in reported criteria of allograft rejection after penetrating keratoplasty⁹, it might be overshadowed by endothelial rejection in penetrating keratoplasty.” (p8,line2) and delete from the conclusion. We also changed the sentence in the conclusion as follows: “This case suggests that stromal rejection can occur after lamellar keratoplasty and that it usually goes unrecognized.”(p8 line 8)

6. In the figure legend, the authors should point out that the white spots are likely debris in the interface to avoid confusion from readers that they may represent infectious infiltrates or keratic precipitates.

   Because the white spots were residual deposit of dystrophy, we added the sentence
“gray-white granular opacities were observed in the graft bed, which were residual deposits of Avellino corneal dystrophy” in the figure 1 legend.

Reviewer 2
We are honored to have the comments from Reviewer 2 that the manuscript is a potentially valuable case report that describes the corneal stromal immunological rejection after automated lamellar therapeutic keratoplasty.

We would like to extend our sincere thanks and gratitude to the reviewers, and hope we were able to revise the paper in accordance with the editorial board’s expectations.

Sincerely

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