Reviewer's report

Title: Presumed Stromal Graft Rejection After Automated Lamellar Therapeutic Keratoplasty

Version: 2 Date: 4 March 2007

Reviewer: David R Hardten

I am familiar with the literature and believe that this case meets one of the 7 criteria for evaluation in the journal: New associations or variations in disease processes

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is this case worth reporting?: Yes

Is the case report persuasive?: Yes

Does the case report have explanatory value?: Yes

Does the case report have diagnostic value?: Yes

Will the case report make a difference to clinical practice?: Yes

Comments to authors:

General

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Revisions necessary for publication

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.

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. 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."

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."

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.

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.

What next?: Accept after minor revisions

Quality of written English: Acceptable