Author's response to reviews

Title: Spontaneous Corneal Melting in Pregnancy: A case report

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Author's response to reviews:

To,

Editor-in chief
Journal of Medical Case Reports

Subject: Submission of Revised Manuscript titled “Spontaneous Corneal Melting in Pregnancy: A case report.”

Dear Sir,

Please find enclosed the revised version of manuscript titled “Spontaneous Corneal Melting in Pregnancy: A case report.” Point wise explanation of reviewer’s comments is given as follows:

Reviewer 1
1. Probably changed to potentially
2. Reference given
3. Reference given
4. As per her records there were no epithelial cysts and the cornea was healthy before she underwent radial keratotomy
5. Trabeculectomy without Mitomycin C was done 8 months after radial keratotomy. The surgery was performed due to high intraocular pressure as a result of secondary angle closure glaucoma due to extensive peripheral anterior synechiae (PAS). Anterior chamber was shallow all along due to formation of extensive PAS after radial keratotomy. Records revealed IOP of less than 21mmHg till few months postoperatively.
6. Malignant glaucoma was not kept as a differential diagnosis as shallow anterior chamber was present after radial keratotomy (as a result of micro perforation) and was consistently mentioned in her records. IOP was controlled for a few months after trabeculectomy and raised IOP at presentation to us was due to failed filtration surgery.
7. The procedure done was trabeculectomy and not a full thickness procedure. Mitomycin C was not used. There was no discharge or any evidence of any infiltrates and rest of the cornea was clear.

8. Grammatical mistakes corrected

9. Thin and ectatic were mentioned keeping in mind the patient of keratoconus who also developed corneal perforation. Compromised cornea in our case is due to high IOP for a prolonged period leading to endothelial loss

10. Patients can be monitored once in each trimester and treatment will be symptomatic.

Reviewer 2

1. Mitomycin C was not used.

2. There was no discharge and no evidence of any infiltration. Mild surrounding corneal edema was present and rest of the cornea was clear.

3. Seeing the clinical picture, we did not suspect an infectious etiology. Despite that we sent the specimen for Gram and KOH stain and culture on Blood and Sabouraud¿s dextrose agar as it is a routine procedure followed in our hospital and they were all found to be negative.

I hope, I have been able to clarify all the doubts. If you have any query, please let me know. Within the text, the changes have been marked in blue font for your convenience.

Kindly acknowledge the receipt of these documents.

Thanking you,

Yours sincerely

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