Author’s response to reviews

Title: Atopic dermatitis, cutaneous steroids and cataracts in children: a case series.

Authors:

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Author’s response to reviews: see over
Dear Editor,

Please find attached a revised manuscript for consideration for publication. I thank the reviewers for their valuable comments and have made efforts to address the suggestions made.

Comment by reviewer Soon Phaik Chee:

“It is important to highlight another if not more important sight threatening complication of atopic dermatitis, which is retinal detachment (RD). An unrecognised RD can cause a mild cataract to progress faster and result in an asymmetric dense cataract. A clue to pick up this would be the associated hypotony. Very often the cataract that presents can be so dense as to obscure the view of the retina, it is important to highlight to readers that it is an important step to do a B scan and intraocular pressure measurements to exclude an associated RD”.

Response to reviewer:

We have addressed the issue of associated retinal detachment as follows:

“In patients with atopic cataract it is important to consider the presence of a coexisting retinal detachment. Retinal detachment has been reported in 8% of patients with atopic dermatitis and in one series, 25% of eyes with atopic cataract had retinal breaks or detachment noted preoperatively. [Hayashi H, Igarashi C, Hayashi K. Frequency of ciliary body or retinal breaks and retinal detachment in eyes with atopic cataract. Br J
Ophthalmol. 2002 Aug;86(8):898-901.] A rapidly progressing cataract may mask the presence of a shallow retinal detachment and an unrecognized retinal detachment can cause a mild cataract to progress faster. B scan ultrasonography is a useful investigation to evaluate the anatomy of the retina in these eyes. Retinal detachment may be associated with panuveitis or hypotony. [ Lim WK, Chee SP. Retinal detachment in atopic dermatitis can masquerade as acute panuveitis with rapidly progressive cataract. Retina. 2004; 24:953-6.]

This paragraph is included in our discussion. I hope the changes made are deemed sufficient to allow publication of this article.

Yours faithfully

Andrew Tatham