Reviewer’s report

Title: Reversal of isolated unilateral optic nerve edema with concomitant visual impairment following blunt trauma: a case report

Version: 3 Date: 10 November 2007

Reviewer: Patrick Yu Wai Man

I am familiar with the literature and believe that this case meets one of the 7 criteria for evaluation in the journal: Presentations, diagnoses and/or management of new and emerging diseases

Has the case been reported coherently?: Yes

Is the case report authentic?: No

Is this case worth reporting?: No

Is the case report persuasive?: No

Does the case report have explanatory value?: Yes

Does the case report have diagnostic value?: No

Will the case report make a difference to clinical practice?: No

Comments to authors:

General

In the revised manuscript, the author has provided a balance view of the management of traumatic optic neuropathy and has highlighted the controversies in this area.

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Revisions necessary for publication

.........Isolated trauma of the optic nerve is usually associated with blunt skull trauma involving fractures of both skull and optical canal, but may also occur from blunt ocular trauma.........

Please change optical to optic

.........No fracture of the skull and of the optic canal and no intracranial pathology was noted. High-dose corticosteroids were administered for three consecutive days and then reduced........
Please briefly state the steroids regime used

...............The pertinent findings upon clinical examination are impaired visual function, sluggish pupil, and afferent pupillary defect on the swinging flashlight test, all with an eye that appears normal..........

I would advise removing sluggish pupil from the text

...............Visual evoked potentials (VEPs) to flash stimulation and the electroretinogram (ERG) may be useful to document optic nerve conductivity and function and is supportive in cases of unreponsiveness already in the acute phase after trauma..........

I would re-phrase the last section to make it clearer to the reader i.e. ....might be helpful in unresponsive patients in the immediate aftermath of the traumatic event.

...............The rational for intravenous corticosteroids for the treatment of traumatic optic neuropathy was derived from the results of the National Acute Spinal Cord Injury Study 2 (NASCIS 2)...........

Please change rational to rationale

...............The NASCIS 2 was a multicenter clinical trial that evaluated patients with acute spinal cord injury treated with placebo, methylprednisolone, or naloxone. Pharmacologically, corticosteroids are considered to reduce microvascular..........

Please change corticostroids to corticosteroids

...............The majority of case reports and series with corticosteroids in traumatic optic neuropathy are retrospective, non-consecutive, non-randomized, and uncontrolled. Meanwhile, several non-clinical studies questioned the therapeutical benefit associated with corticosteroids in acute traumatic optic neuropathy..........

Please change therapeutical to therapeutic

...............The coincidence with the traumatic event, the absence of any eye pathology prior to the traumatic event and the exclusion of any alternative cause for an optic nerve swelling, for example confounding anterior segment pathologies, optic nerve neuritis, ocular ischemia/vascular occlusion, hemorrhage, vascular dissection, tumor, osteopetrosis and intracranial hypertension, prompted the diagnosis of a post-traumatic unilateral optic nerve contusion with corresponding visual deficit quickly responsive to steroid therapy.........
The section “for example confounding anterior segment pathologies, optic nerve neuritis, ocular ischemia/vascular occlusion, hemorrhage, vascular dissection, tumor, osteopetrosis and intracranial hypertension” can be omitted as it does not add much to the discussion and the sentence re-phrased

**What next?:** Accept after minor revisions

**Quality of written English:** Needs some language corrections before being published