Reviewer’s report

Title: Good functional recovery following intervention for delayed suprachoroidal haemorrhage post bleb needling: a case report.

Version: 4 Date: 14 September 2007

Reviewer: Nathan Radcliffe

Comments to authors:

General

The authors present a case of delayed suprachoroidal hemorrhage after bleb needling in which the visual acuity and visual field are preserved. The authors attribute the good outcome to early surgical intervention. Following are the concerns that I have at this point. The authors have to address several details in the manuscript to make this case report publishable.

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Revisions necessary for publication

Major Points:

Abstract: The abstract is concise and my only comments for this section have to do with language (see minor details, below).

Case Presentation: I could not find a well document case of good visual recovery following suprachoroidal haemorrhage post bleb needling. This occurrence is recognized as a devastating event, as reported by Syam, whom the authors cite. I would like the authors to list the specific findings on the B-scan ultrasound that led to the diagnosis of suprachoroidal hemorrhage, in order to reassure the reader that this is not simply a choroidal detachment.

Discussion: There is limited support for the following statement: “Although suprachoroidal haemorrhage may occur following glaucoma surgery it is very rare following bleb needling.” In fact, the frequency seems to be around 1 in 42 or 1 in 61 bleb needlings. (Refs. 1 & 2). The visual outcome of the eye with the suprachoroidal haemorrhage is not given in one article, and decreases from 20/400 to no light perception in the other. They authors might want to incorporate this information into their review.

Conclusion: The authors cannot conclude that early surgical intervention was responsible for the good outcome, since they will never know what the outcome would have been had they not intervened early. They should note that in this case, the patient had early surgical intervention and the outcome was good, suggesting that it may be beneficial to intervene earlier.

Minor points: (mostly language)
Did the authors intend this use of semicolons? “A 79-year-old man with an intraocular lens implant; with open angle glaucoma; had further deterioration of his right visual field despite taking maximum medical therapy and a previous trabeculectomy.” Also, consider “had further deterioration of his right visual field despite treatment with maximum medical therapy…”

The authors might not need to capitalize generic names “Travaprost and Brinzolamide.”

This sentence is awkward: “We report a patient with good recovery of visual acuity and little change to the visual fields following early surgical intervention for this complication in a pseudophakic patient on clopidrogel therapy.” Consider:

We report a pseudophakic patient on clopidrogel therapy who had good recovery of visual acuity and little change to the visual fields following early surgical intervention for this complication.

The authors state: “Two days later the patient complained of pain and vision in the right eye was reduced to hand movements temporally.” Consider “Two days later the patient complained of pain and the vision in the right eye was reduced to hand movements temporally.”

Reviewer’s summary: I believe that this case report is worthy of publication with minor revisions. I speak United States English and thus my language comments may not be applicable to British English, the language of publication. The authors need to tone down the language attributing the positive outcome to early surgical intervention which may have been responsible for the good outcome in this case.

References:
