Reviewer’s report

Title: High-dose steroid therapy for idiopathic optic perineuritis: a case series

Version: 2 Date: 23 July 2010

Reviewer: Valerie Purvin

Which of the following best describes what type of case report this is?: Unreported or unusual side effects or adverse interactions involving medications

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is the case report ethical?: Yes

Is there any missing information that you think must be added before publication?: No

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?: No

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

Is the anonymity of the patient protected?: Yes

Comments to authors:

Most changes have been made clearly and effectively but there are still a few questions.

pg 2 Abstract. It would be more correct to say that what the literature has stated is that if treatment is delayed, the outcome “may be poor” rather than “is poor”.

pg 3 Introduction. The authors still refer to an entity they call “classic OPN”, distinguishing this from “idiopathic OPN”. As pointed out previously, the term has been used in different ways by different authors over the years but this doesn’t mean that there is an entity of that is “classic”.

pg 2 Abstract. As above, the authors still state that “This is an orbital inflammatory pseudotumor that differs from classical optic perineuritis.”
pg 4 Case 1. The normal range of CRP should be provided since there are several different ones.

pg 9 Figure 1. Image 1c looks like a post-contrast image and if so this should be stated. Also, the extra-ocular muscles are said to have persistent moderate swelling but they really aren’t visible on this cut.

pg 9 Figure 2. Image 2c is definitely a post-contrast image and this should be stated. By my reading, the optic nerve sheath appears enlarged and enhancing on both sides. Is there a different figure that makes this distinction more clearly?

pg 9 Figure 3. The authors state that this T2-weighted image shows enhancement but that isn’t possible if it isn’t a post-contrast image. This should be described as “hyperintensity” rather than “enhancement”.

The issue of the visual findings is still problematic. What was the smallest isopter for each patient? If there was a decent I1e isopter then indeed there was no central depression. If not, it would be correct to include “central depression” in the description of the field, along with the focal defects. Adding a disclaimer about why the field might be misleading is not the best solution. Re-describing the field (assuming this is correct of course) would be preferable.

Quality of written English: Acceptable

Declaration of competing interests:

I declare that I have no competing interests.