Reviewer's report

Title: Chronic Relapsing Inflammatory Optic Neuropathy: a case report

Version: 1 Date: 30 July 2011

Reviewer: Richard Allen

Which of the following best describes what type of case report this is?: Unexpected or unusual presentations of a disease

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?: Yes

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

Is the anonymity of the patient protected?: Yes

Comments to authors:

Thank you for inviting me to review this case report. The authors describe a case of chronic relapsing inflammatory optic neuropathy. The authors make the point that it is important to differentiate this condition from optic neuritis and ischaemic optic neuropathy. In addition, the authors stress that one must perform a careful autoimmune work up to exclude conditions such as sarcoidosis or other autoimmune diseases.

I have a few issues to raise:

The current patient is young for giant cell arteritis. However, would it be reasonable to consider definitively ruling out giant cell arteritis in a patient such as this via a temporal artery biopsy, especially if the patient were over the age of 55 years? The authors also did not indicate if an ESR or CRP were evaluated.
With regards to sarcoidosis, I believe a chest CT is more sensitive than a chest X-ray to evaluate adenopathy. Also, is there any value to sending a serum lysozyme?

There is a condition termed "autoimmune optic neuropathy" in which patient exhibits similar steroid responsive optic neuropathy without any obvious autoimmune disease. Biopsy of non-sun exposed areas aids in the diagnosis of this condition. With CRION, how is it different from autoimmune optic neuropathy, and would it be worth obtaining a biopsy in the patient described by the authors? Diabetic papillospathy is another condition which should be kept in mind in patients with diabetes who present with disc swelling. In addition, hypertensive optic neuropathy should be entertained in a patient with a history of severe hypertension. The authors do not mention what the patient's blood pressure was.

This is a very interesting case.

**Quality of written English:** Acceptable

**Declaration of competing interests:**

I declare I have no competing interests