Reviewer’s report

Title: Peters Anomaly with Post axial Polydactyly, Bilateral Camptodactyly and Club Foot in a Kenyan Neonate: A Case Report.

Version: 1 Date: 1 August 2011

Reviewer: Gerald W Zaidman

Which of the following 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?: Yes

Is this case worth reporting?: No

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?: No

Is the anonymity of the patient protected?: Yes

Comments to authors:

This case report presents the case of bilateral Peters anomaly associated with polydactyly, camptodactyly, and clubbed foot. Peters anomaly is the most common cause of congenital corneal opacities. It is usually not associated with any extraocular manifestations. However when Peters anomaly is a part of the “Peters plus syndrome,” non-ocular anomalies are seen.

The first requirement of the authors is to correctly diagnose their patient. From their description and their photographs, it is not clear what type of Peters anomaly the patient had or if the patient truly has Peters anomaly. The only way to make a diagnosis of Peters anomaly in an infant is through an exam under anesthesia. The exam under anesthesia would allow the ophthalmologist to complete the slit-lamp examination and determine the severity of the ocular
abnormalities. In this way, the ophthalmologist could determine if the patient has corneal scarring alone, corneal scarring with adhesions from the iris to the cornea, involvement of the lens, etc. It is not clear from the author's case report if a complete eye exam other than a brief penlight exam was performed.

Under the assumption that a good and comprehensive eye exam was performed, then there are several errors in the text. First, Peters anomaly is rarely inherited. It is the major cause of congenital corneal opacities and is usually sporadic. Type 2 Peters anomaly is not usually associated with the PAX6 or any other gene. Also Type 2 Peters anomaly can occur either as a bilateral or unilateral disorder. The same is true for Type 1. The authors make the assumption that the bilaterality of the disease helps diagnosing the type of Peters anomaly present. This is incorrect since both Type 1 and Type 2 can be unilateral or bilateral. Genetic testing is not necessary in cases of Peters anomaly since most of the children have sporadic mutations and do not have genetic syndrome. Finally, if the authors are convinced that there is no lens involvement in their patient’s eye, then the absence of lens involvement classifies the case as Peters anomaly Type 1. This is why a thorough exam is needed.

Once the authors correct these mistakes in their manuscript and clarify what type of Peters anomaly is present, then the editors can proceed with publication if they so desire.

**Quality of written English:** Acceptable

**Declaration of competing interests:**

'I declare that I have no competing interests'