Author's response to reviews

Title: Successful Trabeculotomy in a Corticosteroid-Induced Glaucoma Patient with Anti-aquaporin 4 Antibody-Positive Neuromyelitis Optica: a case report

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Author's response to reviews: see over
Dear Editor,

Thank you for your kind consideration of our manuscript entitled “Successful Trabeculotomy in a Corticosteroid-Induced Glaucoma Patient with Anti-aquaporin 4 Antibody-Positive Neuromyelitis Optica: a case report”. We have carefully read the editor’s and referee’s comments and revised the manuscript accordingly. We are grateful to you as our manuscript is much improved. Our point-by-point responses are included below. We have highlighted all changes with blue text to make it easier to find the revised points. The page and line numbers cited correspond to the respective positions in the manuscript. We hope that these revisions respond to the criticisms adequately.

Sincerely yours,
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Editor

1. You have to respond to comments of reviewer prof. Junichi Kira.

Our response:
Thank you for your request. We have responded to the comments of reviewer prof. Junichi Kira, as described below.
2. Your manuscript needs expert language corrections.

Our response:
Thank you for your suggestion. The revised manuscript has been checked by native English-speaking scientists before submission.

3. How have you considered her last visual disturbance a result of NMO, although you admitted that her IOP was raised and you wrongly treated with methylprednisolone pulse therapy?

Our response:
Thank you for your question. We considered the patient’s last visual disturbance mainly a result of NMO based on the following:
1) The progression of vision loss in her right eye was drastic. Her right best corrected visual acuity declined to no light perception within several days, as shown in figure 1.
2) She had mild pain with eye movement.
3) She felt reduced color perception.
4) The Goldmann perimeter showed central scotoma.
As we considered these features are typical of NMO, and not of glaucoma, the treatment for NMO preceded the treatment for glaucoma. After the introduction of the treatment for NMO, we added surgical treatment for her glaucoma. Now we believe this was the correct strategy for the patient’s treatment, as her right best corrected visual acuity finally recovered to 1.2 only one month later. We have included this information in the text (page 7, lines 3-6).

Referee 1

1. The clinical course of the patient is unclear. Did the patient have myelitis? Did they fulfill the Wingerchuk criteria for NMO? If the patient did not meet the criteria, the diagnosis should be NMO spectrum disorder.

Our response:
Thank you for your comment and questions. Yes, the patient had myelitis. MRI analysis performed for her initial episode revealed lesions in the cervical and thoracic spinal cord. We added this very important information for the diagnosis of NMO to the revised text (page 4, line 18). We have added reference #3 and also clearly described that this patient fulfilled the Wingerchuk criteria for NMO in the revised text (page 5, lines 5-8).
2. During the 12 years of disease duration, how many relapses did the patient experience?

*Our response:*
Thank you for your question. The patient experienced relapses 10 times during the 12 years after her initial retrobulbar optic neuritis. We added this information, including the treatment performed, in the revised text (page 5, lines 8-11).

3. After the initial episode, how long was low-dose prednisolone administered to the patient?

*Our response:*
Thank you for your question. After her initial episode, the patient never quit the low-dose prednisolone administration. We have included this information in the revised text (page 5, line 11).

4. At the time of development of visual disturbance in the right eye, did the patient receive any corticosteroids?

*Our response:*
Thank you for your question. Yes, she did. As described in the revised text (page 6, lines 4-6), we treated the patient with two courses of intravenous high-dose methylprednisolone followed by a tapering dose of oral prednisolone.

5. The authors should describe the patient’s color vision. Was this also impaired?

*Our response:*
Thank you for your comment and question. As described in text (page 5, lines 13-14), the patient experienced reduced color perception. We tried to administer a color perception test, but failed due to the visual disturbance. The Farnsworth-Munsell 100-hue color vision test performed on her right eye after improvement over the last episode indicated mild but nonspecific patterns of defect. She was unable to complete the test with her left eye. We have added this information to the revised text and figure (page 6, lines 12-15; figure 2).

The Journal of Medical Case Reports Editorial Team

1. Please use the term female in describing the patient’s gender both in abstract and case presentation sections.
Our response:
Thank you for your request. We have made this revision in both the abstract and the case presentation.

2. Please replace dates found in the case presentation to the amount of time this occurred before the presentation of the case report.

Our response:
Thank you for your request. We have made this revision.