Author's response to reviews

Title: Disappearance of soft drusen and subsequent development of choroidal neovascularization following macular hole surgery: a case report

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

We thank the reviewers for their valuable comments as they led us to an improvement of our manuscript. We revised our manuscript according to the reviewers’ recommendations as follows. The revised contents are colored in blue in the manuscript.

**Reviewer 1**
This is an interesting paper. This is the first report of disappearance of drusen formation and CNV development after successful macular hole surgery. This paper deserves the consideration of being accepted for publication with this reason. I agree with the authors that the drusen regressed after macular hole surgery. However, some readers might not agree with them that CNV development was attributed to macular hole surgery. The authors themselves need to point out a few comments or tone down their conclusion.

1. Why do the authors think CNV development ensued following drusen regression (line 67-68, page 4)? How can they be sure that CNV development was attributed to disappearance of drusen? It was probable that the right eye had CNV development because bilateral CNVs aren’t uncommon. In the Age-related Eye Disease Study, participants with advanced AMD in one eye or vision loss due to non-advanced AMD in one eye had a 43% expected probability of progression to advanced AMD in the fellow eye at five years. The authors didn’t mention the duration of nAMD in the left eye, but it was probable that drusen regressed after MH surgery and the right eye coincidently had CNV because the patient had large confluent soft drusen in the right eye. Perhaps they could at least discuss this better in the discussion.

   → As the reviewer pointed out, we agree that drusen regression and CNV development in our patient could simply mean a bilateral phenomenon of CNV development, irrespective of macular hole surgery. We also think that the surgery might have had some effects on preexisting drusens considering the sequential course of drusen regression and CNV development within 7 months of period.
   We discussed both possibilities in the revision (Page 6, line 90-91).

2. In conclusion, the readers would have an impression that MH surgery provoked the development of CNV. If the patient had no CNV in contralateral eye, can the authors have the same conclusion? We have to consider the possibility of bilateral neovascular AMD because the patient had a CNV in contralateral eye. How can they explain this?

   → According to the reviewer’s opinion, we toned down our conclusion remarking the possible effects of surgery on the change of preexisting drusens (Page 6, line98-99).
Reviewer 2

The authors report an interesting case whose soft drusen disappeared and CNV developed subsequently after macular hole surgery. It is a well-written report. However, the authors should explain to readers whether they touch and damage the macular hole base with some surgical instruments such flute needle, retinal brush, etc. As we know, CNV occurrence is tightly associated with the break of Bruch’s membrane. Therefore, touching macular hole base may be very important to the development of CNV.

We thank the reviewer for pointing out this important issue on mechanical trauma. There was no direct touch on the macular hole base with any instruments as the fluid at the macular hole base was not aspirated during fluid-air exchange. We mentioned that there was no touch or damage on the macular hole base during the surgery in revision (Page 4, line 53-54).

Sincerely,
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