Author's response to reviews

Title: Intraocular lens dislocation and tube shunt in the posterior chamber

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Author's response to reviews: see over
Responses to Reviewer 1

It is an interesting case and well managed.

Response: Thank you for your kind comment.

1. Discretionary revisions and minor revisions:
Grammatical error corrections all through the article would help the read the manuscript better.

Response: We performed the suggested corrections.

2. Abstract conclusion: Lines 43-45: A posterior vitrectomy is completely required in cases with intraocular lens and capsular bag repositioning in eyes with a valve shunt and a tube in the posterior chamber.

Would read better if it is “A complete pars plana vitrectomy may be required while repositioning the dislocated IOL bag complex, in the presence of a posterior chamber drainage tube implant”.

Response: The new text was added to the manuscript.

3. Case presentation: Although the reason for new vessels and NVG is mentioned in the summary, the same is not mentioned in the case presentation. Would be good to add this before talking about intravitreal injections. (line 72)

Response: The cause of the new vessels was included before treatment with intravitreal injections.

4. Case presentation, second para: Line 88, it is mentioned as tube was placed behind the IOL and the IOP was 40 mm Hg. However, the reason for rise in IOP, the tube block with vitreous???? or tube tip apposed to the capsular bag with obstruction??? Is not clear. This could be important to plan the intervention. In a case with minimal support for the sulcus tube and the possibility of a recurrence, pars plana vitrectomy (could be sutureless) with pars plana tube positioning would be an alternative.

Response: The reason for the tube block was the optic of the IOL. This reason was clarified in the case presentation.

Quality of written English: Needs some language corrections before being Published

Response: The article was revised by an editor whose native language is English and recommended by Elsevier.
Response to Reviewer 2

Case report very correctly highlights that whenever there is communication between vitreous cavity and posterior/anterior chamber, then a vitrectomy is indicated, even if it does not seem to prolapse at the time. With advancing age and indeed with intra-ocular interventions, vitreous liquefies and sequelae like the one illustrated, can occur. There are no major revisions.

Discretionary revision:
Some discussion throwing light on the possible cause of dislocation (fellow eye had RD surgery, so was it myopia? In which case vitreous liquefaction is expected) would be appropriate.

Response: The cause of IOL dislocation was not well known. It was probably caused by frequent attacks of severe coughing 19 years after cataract surgery.

There are several newer references (Fernández-Buenaga R et al, Werner L et al) wrt IOL-CB dislocation. Inclusion of these too, is warranted.

Response: References 10 and 11 were included in the revised manuscript.

Minor essential revisions:
Overall, language can be improved. Few examples are listed below -
Line 78 and 68: Case history does not provide any cause for IOL-CB dislocation. Was it due to high myopia or PXF. What kind of RD did patient have in fellow eye; was it associated with high myopia

Response: The IOP was 40 mmHg in the left eye before implantation of the Ahmed glaucoma valve.

Line 77: AGV implanted supero or infero nasally?

Response: The Ahmed glaucoma valve was implanted superonasally.

Line 84: ‘sutured’ should be replaced by ‘tied off’

Response: The suggested change was made.

Line 88: was vitreous seen blocking the tube

Response: The vitreous did not block the tube; it was blocked by the IOL.

Line 89 and 119: ‘the tube was again moved to in front to the optic IOL’ can be revised as ‘the tube was repositioned in front of the optic of the IOL’

Response: The text was changed as suggested.
Line 90 and 120: ‘using a forceps tip’ can be replaced with ‘using the tip of a forceps’

Response: The suggested change was made in the revised manuscript.

Line 101: ‘vitreous incarceration in the tube was seen’ should be replaced with ‘incarceration of vitreous was seen in the tube’

Response: The suggested change was made in the revised manuscript.

Line 101: consider replacing ‘however’ as it is repetitive (line 99)

Response: The word however was replaced by the word nevertheless.

Line 117: ‘then was performed’ replace with ‘was then performed’

Response: The suggested change was made in the revised manuscript.

Line 117, 118, 119: ‘because during a simple vitrectomy the normal vitreous can be removed and does not require suturing of the sclerotomies’ - language needs revision

Response: This sentence was replaced by “the vitreous was completely removed during a 25-gauge sutureless posterior vitrectomy.”

Line 126: ‘suggests’ instead of ‘suggested’

Response: The suggested change was made in the revised manuscript.

Legends and figures are confusing: they are labelled A, B and then A and B again together with 1, 2, 3 and 4

Response: The figures were changed as suggested.

Quality of written English: Needs some language corrections before being published

Response: an English-speaking editor reviewed the manuscript.