Author's response to reviews

Title: Visual signs and symptoms in patients with the visual variant of Alzheimer disease.

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Author's response to reviews:

Dear Editor,

We received the suggestions and comments from your two Reviewers. Some remarks of your reviewers had a rather neuropsychological inclination, but our manuscript is intended for ophthalmologists in practice.

Please find hereafter the responses to the reviewers’ comments and the revisions of our manuscript.

Reviewer : Eleni Papageorgiou

Major Compulsory Revisions:

1. Visual neglect or visual extinction was not specifically tested by the ophthalmologist. We agree with the reviewer that is an important and simple item to test in this setting, we added in the discussion, Line 223-225, “Visual neglect can co-exist with hemianopia. We did not specifically test our patients for hemineglect, but this can be easily assessed by the ophthalmologist using a simple test such as letter cancellation or Bells test”.

2. The method used to test the visual field is specified in the text on lines 141-143. We added on line 142 “under monocular conditions” as suggested by the reviewer

3. Reading was tested by the ophthalmologist using both a standardized near visual acuity test and reading of a self-written non-standardized sentence. The evaluation of reading was mostly qualitative, and no formal evaluation such as word/min was performed by the ophthalmologist. This article is mostly intended to ophthalmologists. Therefore, we did not detail results from the neuropsychological examination. We feel that specific details about the testing methods used by neuropsychologists are not relevant for an ophthalmologists’ audience.

4. The possibility to use Navon figures to test simultanagnosia was added in the
text at lines 252-3: “...by showing a picture from a magazine, the “Cookie Theft Picture” (Boston Diagnostic Aphasia Examination) or Navon task stimulus, poor handwriting...”

5. Pelak et al indeed reported constricted visual fields in VVAD patients. However, constricted visual fields are not usually the result of retrochiasmal lesions, except for the very rare event of bi-occipital lesions sparing the occipital tip (which is not the case in VVAD). The differential diagnosis of constricted visual fields include anterior optic neuropathies (not the case in VVAD), pericentral retinopathies (not the case in VVAD) and functional, non-organic. We suspect that the patients from Pelak et al reported with constricted visual fields might represent that last category, due to the advanced stage of disease not allowing the patient to fulfill properly the VF test.

6. Finger tracing was not performed in our patients, but color naming was normal in 8/9 tested patients, as stated in the text on lines 224-5.

Minor Essential Revisions

As suggested, we removed “(simultanagnosia)” in the abstract, on line 47, and inserted it separately on line 47: “… hemianopia, preserved color identification with abnormal color vision on Ishihara, and simultanagnosia are the most…”

Reviewer: Frank Proudlock

Compulsory major revisions:

We agree with Reviewer 2 that a few papers have been previously published on the subject of visual function in VVAD. However, due to the paucity of reports and cases, we felt it was important to report our series of 10 patients, adding to the literature and confirming the importance for the ophthalmologists to identify the visual clues suggesting VVAD. Early recognition of VVAD is mandatory and will allow proper orientation and care of both the patient and its family.

We did not understand the criticism regarding “the insufficient transparency” of our manuscript. If the Reviewer is referring to the previously published papers on the subject, we have indeed included all of them and they are properly cited in the text.

Editor's Additional Request:

(1) Requesting ethics statement:

Statement “This study was performed in accordance with the tenets of the Declaration of Helsinki” is written in the text on lines 101-2.$

(2) Acknowledgments

We added an Acknowledgment section at the end of the text:
“Acknowledgments: The authors do not have someone to acknowledge to.”

We hope our revision will satisfy you and your reviewers. Waiting for your decision, we send you our best regards.

Dr PF Kaeser, MD, Dr J Ghika, MD, Dr FX Borruat, MD