Author's response to reviews

Title: 23 Gauge Ppv For The Removal Of Retained Intraocular Foreign Bodies

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Author's response to reviews: see over
Dear Editor

I have done the necessary corrections on the paper; here you can see all the comments that I have made.

Referee 1:

Reviewer's report

1. The question posed by the authors is not well defined. They do not state clearly what exactly they want to investigate regarding 23 G pars plana vitrectomy in the removal of retained intraocular foreign bodies.

Dear esteemed reviewer actually we have researched the literature before preparing the study, however the lack of a clearly defined 23g vitrectomy results of the IOFBs encouraged us to write the study. We have also explain this to the end of introduction.

... Even numerous publications related with intraocular foreign bodies the 23-gauge PPV for removal of IOFBs has not studied in the literature. The aim of the current study was to evaluate the anatomic and visual outcomes and safety of transconjunctival 23-gauge PPV for removal of IOFBs.

2. The authors state that they assess the morpho-functional outcomes. They should define them more precisely.

Dear reviewer we have clarify the statement as anatomic and visual outcomes instead of morpho-functional.

3. Surgical intervention was not the same in all cases, as it is described in the Methods section. Therefore, the authors should present surgeries differently, according to the situations: IOFB in the vitreous or intraretinal, association of retinal detachment, vitreous hemorrhage, endophthalmitis, and cataract. In which patients were used endotamponade and the reasons why.

Dear reviewers we have added the surgeries definitions in to the method section to clarify the statement.


We have defined the anatomical success in the main outcomes measures section as:

Anatomical success was considered the total attachment of the retina at the end of the follow-up time. Totally or partially detached retina was considered as failure.

5. It is agreed that the IOFBs located in the posterior segment must be removed by pars plana vitrectomy, this is not subject to debate.
We have corrected the related sentence as:

The majority (59–88%) of IOFBs were located in the posterior segment and the best management is pars plana vitrectomy. (21,22)

6. The authors discuss the timing of vitrectomy in penetrating ocular trauma, which is not the purpose of this paper that deals with the removal of the IOFBs from the posterior segment. In the presence of an IOFB, PPV should be performed as soon as possible.

Dear reviewers we are agree with you about this in discussion part so removed the related sentences.

7. The various factors that were associated with good or poor prognosis are not discussed sufficiently in this paper.

Dear reviewer, the major factors related with prognosis were re-written on the first paragraph of discussion.

8. Statistical tests should be more detailed, regarding the various prognostic factors.

Dear reviewers the statistical analyses section were rewritten.

9. Discussion and conclusions are too general, they should be more detailed, sustained by the personal data that were investigated in this study.

Dear reviewer, we have revised the discussion according to your advices.

10. The limitations of this work are not clearly stated.

Dear reviewers the limitations section were added.

Minor Essential Revisions

1. English needs further improvement; in this form the writing is not acceptable for publication.

We have reviewed the manuscript and checked with a native speaker.

2. The paper does not have any figure

We have added this statement to the limitations.

Referee 2:
Reviewer's report:

1. Title: posterior segment foreign bodies. Also, this method is a hybrid method of 23 gauge and larger incision for IOFB removal. This should be considered in the conclusion as well.

We have revised the conclusion sentences.

2. Abstract: Morpho-functional may be replaced by Anatomical and functional outcomes.

We have corrected the related sentence.

3. Abstract: The phrase "Association between ..." is awkward. Please rework.
We have corrected the related sentence as:

Visual outcome, slit lamp biomicroscopy, intraocular pressure (IOP), and posterior segment visualization by indirect ophthalmoscopy were evaluated.

4. Abstract and text: The LogMAR range of 0 to 1.00 means VA of 20/20 to 20/200, however, based on the mean LogMAR, and based on the text and table, many patients should have worse LogMAR acuities.

Dear reviewer actually the visual acuities were not worse than preoperative values. In table 3 we can see that; in patients with hand movement were decreased 6 people, finger count were looks increased however the patients coming from hand movement did this increase, in 0.1 to 0.3 group 4 people were founds decreased however 2 of them added to over 0.3 group. So in over all the patients visual acuities were improved.

5. Abstract: elevationoma?

We have corrected the related word as:

'Elevation'

6. Abstract and text: Please define anatomical success. If one patient resulted in phthisis, the anatomical success should be less than 100%.

Dear reviewer actually we have evaluate early postoperative period, however in this phthisis case the result was on late postoperative period.


Dear reviewer we have added the recent studies.

8. **Methods:** Please give additional data on study design and inclusions. Is this a consecutive case series of patients or some inclusion criteria existed on selection of patients for 23 gauge. In other word, was there any preference for selecting 23 G for some patients?

We have written the rational causes in to methods section.

9. **Methods:** Any prophylactic circumferential buckle?

We did not have any appropriate patient for this.

10. **Methods:** What was the indication for gas injection?

The indications for tamponade were written.

11. **Results:** Two months is too short to conclude any thing.

Dear reviewer of course we also agree with you about this issue however the follow up drops of the patients caused this problem. We do not wanted to sample size problem and write the paper.

12. **Results:** VA outcomes: Please report percentage of cases with 2 or 3 lines of worsening or improvement.

Dear reviewer the improvements were clarified.

13. **Results:** Surgical procedures: Silicone oil was injected in five eye and 7 of them underwent SO removal?

Dear reviewer the confusion was clarified.

14. **Discussion:** 2nd paragraph: Mobilization of the retina is a method for surgery in severe PVR.

Dear reviewer the confusion was clarified.

15. **Discussion:** "However, there are no published studies on outcomes of 23-G PPV for posterior segment IOFBs. " In contrast, there is a published study by Singh et al. Indian J Ophthalmol, 2014.

*We have corrected and added the necessary literature.*
16. I could not see any thing regarding the size of the IOFBs in the text and tables.

_The mean extracted intraocular foreign body size was added to the result section._

17. **It was interesting to see a multivariable analysis to find any association with outcomes.**

Dear reviewer actually our surgical technic is unique and the surgical causes were nearly the same. The analyses were kept in-group and tried to be simple for readers.

18. **Reference No. 32 is repetitive.**

_We have corrected the mistake._

Kindest Regards.

Ugur Celik