Author's response to reviews

Title: Acute Angle-Closure Glaucoma in Retinopathy of Prematurity Following Pupil Dilation

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Author's response to reviews: see over
Dear Editors and Referees:

We have carefully revised manuscript according to referees’ suggestions and questions. The followings are the responses:

Referee 1: I suppose you dilated the baby to perform laser treatment and the IOP was normal. After the scleral buckling the pupil dilation caused the angle closure. Why didn't you think to perform the UBM before the dilation? Do you have many cases of ROP in your country?

Response: UBM is a good tool to evaluate the retrolental and retro-iris anatomy of ROP, but the implantation of eye cup in small patient may not be easily done without sedation at outpatient clinic. According to a prospective study conducted at our medical center, the incidences of ROP and treatment-requiring ROP in all patients with ROP were 29.7% and 37.2%, respectively.

(The detailed modifications of text are at page 7, line 106-117, and page 8, line 123-124)

Referee 2: I suggest the authors to explain why they choose to perform trabeculectomy instead of phaco+IOL.

Response: Although phacoemulsification was reported to be effective in reducing IOP in medically uncontrolled CACG eyes, there has been no clear report of clear lens extraction in management of acute angle closure in pediatric patient, especially for such a complicated, single eye case of ROP. (The detailed modification of text is at page 6, line 92-100)

Sincerely,

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