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:

Thank you for your letter. We greatly appreciate the constructive comments. We have now addressed these comments, and this has strengthened the paper. We outline point by point responses to the comments by the referees. We hope our revised version will be received favorably and look forward to hearing from you in the near future.

Referee 1:
1. After the scleral buckling the pupil dilation caused the angle closure. Why didn't you think to perform the UBM before the dilation?
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.

2. Do you have many cases of ROP in your country?
Response: 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:
1. 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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