Reviewer's report

Title: Long-term outcomes after acute primary angle closure in a White Caucasian population

Version: 2 Date: 4 March 2015

Reviewer: Alex Spratt

Reviewer's report:

Major Compulsory Revisions
None.

Minor Essential Revisions

1. Line 141. Results.
   Please clarify why gender is not associated with disease progression. Table 4 shows that 6 out of 7 patients who developed PACG were female. Readers are likely to need additional clarification as to why this is not a relevant finding.

2. Line 152. Results.
   please state "5 of the xx eyes" and "4 of the xx eyes" to clarify for the reader what proportion of each group needed topical hypotensive agents.

   Please clarify why your approach is more/less valid than the study that excluded cases with uncontrolled IOP after the acute event. It is fine to report these data but if you think your methodology has merits then let the reader know what these are.

   I think this is too vague. "We propose..." should lead to a concrete proposal. Are you proposing that IOPs should be controlled to be lower than the normal population range - if so then please say this. Do your data support a recommendation that <16mmHg is a good target IOP based on the IOPs of the cohort that did not develop PACG - if so then please say this.

5. Line 192. Discussion.
   I would change "by the final visit" to words such as "over a similar time frame to our study". This saves the reader from having to look up the reference to see how valid the comparison is between South East Asians and the population studied.

   It may be that taking longer to present for medical attention after developing symptoms is predictive for subsequent poorer compliance or poorer follow-up
hampering subsequent treatment. It seems quite likely that poor help-seeking behaviour may correlate with poorer longer-term health outcomes in general. Did the authors see any evidence of this in the chart review?

7. Line 207. Discussion.
"significant" may not be the best word to use here.

8. General. Discussion:
I would like to see some comment in the discussion about the suitability of current treatment protocols for APAC in the light of these data and the risk factors they have identified. Would the authors continue to treat patients presenting APAC with additional risk factors for PACG in the same manner, now they have this new knowledge? Do their data suggest a subset of patients may be better served by using an alternative treatment strategy, for example needle paracentesis, to rapidly lower IOP and break an episode of APAC?

"None" would suffice.

Discretionary Revisions
None.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I declare that I have no competing interests