**Author's response to reviews**

**Title:** Transient traumatic isolated neurogenic ptosis after a mild head trauma: a case report and literature review

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**Author's response to reviews:** see over
Dear editor and reviewers,

We want to thank you for your thoughtful and often enthusiastic comments regarding our submitted manuscript. We appreciate the opportunity to respond. We hope that the Editor will be willing to reconsider our manuscript for the publication. All reviewers also had concerns regarding the manuscript. Below, we respond to each comment by the reviewers and editor. In addition, changes and additions to the manuscript are highlighted in red. We look forward to hearing from you soon.

Yours sincerely,

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*Revision Note*

**Referee 1**

Major compulsory revisions

1. Question: It is main issue in this report that TTINP was occurred with no direct injury of the periorbital region. According to reference and literature review, TTINP may be caused by injury of terminal branch of superior division of the ocular motor nerve, so injury site of nerve has to be directly or secondarily intraocular lesion. Author claimed the cause of injury of nerve was right orbital wall fracture by contre-coup injury from occipital region during accident. I wonder that it is possible that orbital wall fracture is happened by occipital contusion without occipital bone fracture and loss of consciousness which mean mild head trauma as author described in title. If it is possible, include reference to conclusion part of manuscript.

Response: We are sorry for our unclear description of the process of injury and mechanism of TTINP. We have revised it as “A fall onto the back of the head may lead to a secondary fracture of the bones of the orbit, known as a contre-coup injury. The frontal lobes of the brain maybe also damaged, as described in the present patient. Subsequently, entrance of blood into the orbit due to the crack in the walls of the orbit often appears as bruising of the eyelids. The terminal branch of the
superior division of the oculomotor nerve was stretched and shocked during this process.” in the manuscript. We are hopefully this would make sense.

Minor Essential revisions

1. Question: In case presentation paragraph, author have to change word “papillary responses ….” to “pupillary responses…… “.
Response: Thanks for your careful reading, we have correct that spelling mistake according to your suggestion.

Discretionary Revisions

1. Question: Author had better include upgaze photo.
Response: We are very sorry for missing the photos of up gaze and down gaze. We have to confess that we did not realize the importance of obtaining photos of eye motility in different directions when the patient was in hospital, although the up and down motility of the inflicted eye was normal.

Referee 2

Major compulsory revisions

1. Question: The authors built the whole article on the fact that the isolated neurogenic ptosis happened secondary to occipital truma without any periorbital injury. But apperantly there is a fracture at the roof of the
orbit on the same side. Since the history of the injury is largely unknown and there is an orbital fracture, authors cannot claim that the ptosis happened without periocular injury. Although this was noted in the previous review and also partly mentioned in the second reviewer's comments this was not addressed by the authors.

Response: The patient did not experience mental disturbance through the accident. Physical examination on admission did not show frontal skin injury. But in contrary, contusion and swelling of the occipital skin was noticed on admission. So in view of the reasons listed above, we believe that the medical history provided by the patient was credible. The mechanism of TTINP in this patient is “A fall onto the back of the head may lead to a secondary fracture of the bones of the orbit, known as a countre-coup injury. The frontal lobes of the brain maybe also damaged, as described in the present patient. Subsequently, entrance of blood into the orbit due to the crack in the walls of the orbit often appears as bruising of the eyelids. The terminal branch of the superior division of the oculomotor nerve was stretched and shocked during this process.”, as was described in the manuscript.

2. Question: Upgaze and downgaze photos were not included as well.
Response: We are very sorry for missing the photos of up gaze and down gaze. We have to confess that we did not realize the importance of obtaining photos of eye motility in different directions when the patient
was in hospital, although the up and down motility of the inflicted eye was normal.

**Editor’s comments**

Question: "This case is indeed rare, because the traumatic neurogenic ptosis is associated with an indirect injury to the orbit. However, the authors should present this more clearly, i.e. relate the ptosis not to "indirect injury" but to "contre-coup injury", which is much more specific. This would describe the mechanism of the injury and be more understandable for the reader. The paper would benefit from giving more information about the mechanism of the injury, which also explains the bruising of the eyelids:

A fall onto the back of the head, may lead to a secondary fracture of the bones of the orbit (usually the orbital roof or the medial orbital wall), known as a countrecoup injury. The frontal lobes of the brain maybe also damaged, as described in the present patient. Subsequently, entrance of blood into the orbit due to the crack in the walls of the orbit often appears as bruising of the eyelids.

--please replace "levator excursion" with "levator function" (both terms are correct, but levator function is used more widely.)

--"medial superior wall fracture", is it "superior portion of the medial orbital wall", as seen on CT? please correct accordingly
--"the relative wafer right orbital wall..." please correct: "the wafer-thin medial orbital wall...." "

Response: We are grateful for your kind and careful review of our manuscript. We are happy to adopt your advice for the mechanism of injury in this patient. And we have also replaced the inappropriate description according to your advice.