Author's response to reviews

Title: A retrospective analysis of eleven cases of invasive rhino-orbito-cerebral mucormycosis presented with orbital apex syndrome initially

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Author's response to reviews: see over
Oct. 23, 2015
Re: Manuscript 1107153785156928
Dear Ms April Rada and Prof Irene Gottlob,

On behalf of my co-authors, thank you very much for giving us an opportunity to revise our manuscript. We greatly appreciate you and reviewers very much for the positive and constructive comments and suggestions on our manuscript. We have carefully considered all of the comments and suggestions, and have revised the manuscript accordingly. We really hope that the revised version is stronger. And we do hope that our manuscript will be accepted for publication in your journal. Here we would like to express our sincere gratitude to the reviewers for his/her hard work and constructive comments and suggestions.

Our responses and answers to you and the reviewers are as follows.

Yours sincerely,
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For Reviewer #1:
We would like to express our sincere gratitude for your comments. Thank you very much! The answers for the detailed questions are as follows:

1. **In the keywords, the semi-colon should not separate ocular manifestations and both the words are in continuity.**
   Thank you for your suggestion, we have revised the formatting errors. Please see the revised manuscript.

2. **Orbital Apex Syndrome or Jacod syndrome may be caused by other fungi like Pseudallescheria boydii, etc. hence a few lines about those fungi/clinical findings**
may have been mentioned to differentiate from the disease caused by the Mucorales.

Thanks for your suggestion! Species of Fusarium, Aspergillus, Candida, dematiaceous fungi, Mucorales and Scedosporium predominate in the fungal infection of the orbit which can affect the orbital apex (orbital apex syndrome). The clinical features are sometimes atypical, and diagnosis is aided by recognition of clinical features and by direct microscopic detection of fungi in scrapes, biopsy specimens, and other samples. Culture confirms the diagnosis. Histopathological, immunohistochemical, or DNA-based tests may also be needed. According to your suggestion, we have revised the part of “DISCUSSION” in our manuscript. Please see the revised manuscript.

3. The clinical photographs, radiological and histopathological findings are excellently depicted in the manuscript. However, it should be checked whether the stained smear is of H&E or PAS stain. This much pink colour is seen only in PAS staining and not in the H&E. Hence it should be doubly checked.

We are very sorry for the typos errors. The stained smear of Figure 3 is the PAS stain of nasal biopsy. However, further checking has been made for correcting the typos errors, and we have revised the manuscript accordingly. Please see the revised manuscript.