Author’s response to reviews

Title: Case report: Acute angle closure attack after an intravitreal bevacizumab injection for branch retinal vein occlusion

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Author’s response to reviews:

Dear Editor,

Sincerest thanks for your response and reviewer’s comments on our manuscript. Following your letter regarding the manuscript “Case report: Acute angle closure attack after an intravitreal bevacizumab injection for branch retinal vein occlusion” submitted to BMC ophthalmology, we are sending the rebuttal letter explaining the changes performed on the manuscript. We have modified the paper in response to the insightful reviewer comments. We hope that a revised version of the manuscript will still be considered by BMC ophthalmology. We will respond to the comments point counter point.

* We had updated the affiliation of corresponding author on last revision. We now request to be allowed to use both institutions (Chang's Retina Center & Department of Ophthalmology, Yeungnam University College of Medicine) for corresponding author. We changed and highlighted this modification on title page in Manuscript file.

#Reviewer’s comments

1. Did the authors/ the retina specialist, who performed the IVT check visual function or checked ONH perfusion right after injection e.g. by letting the patient count fingers? Usually this is done after an IVT on a regular basis in order to exclude high IOP spikes and assure central retinal artery perfusion. One reason for the low incidence of angle closure may be the fact that in cases of non-perfusion/ high IOP spikes the IOP is immediately lowered by e.g. performing a paracentesis and reducing the ocular volume. The authors should comment on that and may discuss this point.

We routinely check the gross visual function after intravitreal injection by counting fingers. The patient was able to count fingers after injection. More detailed investigating symptoms or exam as well as gross visual acuity assessment may be needed in this patient. We have added following sentences in page 6 and 10.
- Gross visual acuity was routinely checked after injection and she was able to count fingers.

- If risk factors such as narrow angle were identified, detailed investigating symptoms or IOP check as well as gross visual acuity assessment may be needed after intravitreal injection.

2. "After injection, notable complications were not observed, and the patient did not complain any symptoms at that time.

The next day, the patient presented to our emergency department complaining of persistent ocular pain, which had started immediately after the intravitreal injection”

These 2 sentences are a bit contradictory / misleading: The authors should add something like “the patient presented to our emergency department complaining of persistent ocular pain. The patient now mentioned that this pain had started immediately after the intravitreal injection.”

We agree with the reviewer and revised the sentence as below.

- The next day, the patient presented to our emergency department complaining of persistent ocular pain. The patient now mentioned that this pain had started after the intravitreal injection.