Reviewer’s report

Title: Comparison of Outcomes of Unilateral Recession-Resection as primary surgery and reoperation for Intermittent Exotropia

Version: 2 Date: 31 Jan 2017

Reviewer: Federico Velez

Reviewer's report:

Comments on reviewer's responses

1. However, in the present study, the patient with monofixational esotropia was not found postoperatively and all the patients with the motor success had a good stereoacuity (≤ 100 seconds of arc) based on Titmus stereotest. Thus, we considered that the definition of surgical success about motor alignment was suitable for our study.

I appreciate your response but still not clear unless you specifically indicate the stereopsis before and after for those patients with intermittent exotropia who resulted in esotropia. By definition bifoveal fixation is 40 seconds of arc. So any patient with 40 seconds of arc (9/9) who resulted in 100 seconds of arc (6/9 circles) and esotropia is a monofixator.

2. No comments

3. See 4

4. In group B, the primary surgery for exotropia was unilateral lateral rectus recession (ULR) in 4 patients (10%). Where those 10% patients also basic deviations before surgery 1. Those patients should be eliminated from the study. Authors should also include more comparisons. All (except those 4 patients that I recommend to eliminate) group B patients underwent R-R as the primary surgery as well. Similar to Group A patients. Authors must compare Group A and initial surgery Group B patients. Were groups similar.

Thank you for your indispensable comment. Considering your comment, we also agree that it would be adequate to eliminate 4 patients who had undergone ULR recession as primary surgery from group B. After eliminating those patients, we had a statistical review for the patients in group B and modified the data throughout the manuscript.

As we already mentioned in comment #3, we thought that the surgical outcomes could be compared between groups A and B. According to previous studies, other authors compared the postoperative outcomes of the same surgical procedure for intermittent exotropia between two groups even though you are concerned that we compare two groups that cannot be compared. In
Lee et al.'s report, they compared the postoperative outcomes of unilateral LR recession for exotropia between first and second operations [Lee et al. Comparison of outcomes of unilateral lateral rectus recession for exotropia between first and second operations. Korean J Ophthalmol 2011;25:329-333]. In another study, Kim and Kim also compared the degree of exodrift in R&R as reoperation with that as primary surgery [Kim WJ, Kim MM. The clinical course of recurrent intermittent exotropia following one or two surgeries over 24 months postoperatively. Eye. 2014;28:819-24]. To conduct the comparison of surgical success rate and dose-effect ratio between primary surgery and reoperation, we planned to make the study design similar to Kim and Kim's study. To some degree, the impact that primary surgery had on the group would be likely to have acted as a bias affecting surgical outcomes such as postoperative angle of deviation and surgical success. However, our study design would remain a meaningful and possible comparative case series in any event, given that we had concluded that we did not need to modify the surgical dose of reoperation by assessing the surgical success and dose-effect ratio of R&R as reoperation.

I appreciate your response. But I still recommend you compare Group A and Group B first surgery. This is needed. As a reviewer and as a reader I want to see why groups behaved differently or indeed those groups were similar to begin with. then your results may be more representative

5. An overcorrection is meaningless if the stereopsis is not worse or the patient does not have diplopia. The paper needs to prove and demonstrate that.

6. Are the results reported updated to indicate near and distance motor alignment?

7. No comments

Table 2

Group A and Group B were significantly different near and distance deviations

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Yes
Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Yes

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I am able to assess the statistics

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Please indicate the quality of language in the manuscript:

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