Reviewer’s report

Title: Outcomes after the surgery for acquired nonaccommodative esotropia

Version: 0 Date: 28 Feb 2017

Reviewer: Justin Marsh

Reviewer's report:

Line 82-83: Please change wording of the sentence. DVD and latent nystagmus are not unequivocal markers for infantile nystagmus, though are frequently seen in such a setting. It is probably better to say something to effect of "were excluded regardless of history due to concern for unrecognized infantile nystagmus."

Line 98: Titmus stereotest is two words

Lines 102-104: Was the near angle or distance angle used to calculate the surgical dosage (or something else entirely)? I would include how surgical dosage was determined.

Lines 113-118: I assume success was based on the distance angle only? Regardless, I would include what angle was used to determine success.

Line 129: I am not sure how many adults are included in this study, but if you are including 70 year olds, some of these patients may have divergence insufficiency esotropia - a completely different form of esotropia altogether. I really would exclude patients above a certain age (perhaps age 18) so that the study group is more similar.

Line 160: I would change "often associated" to "may be associated"

Line 175-178: As stated above, I think there is good reason to separate the two groups. I recommend setting an age limit on your own data and recalculating success rates. These two sentences should be re written as the read very poorly.

Line 177: spell check for limitation

Line 180: The primary limitation to this study is the lack of a large number of patients known to have the same problem. I think it is important to separate out the adults from the children.

Line 181-182: This is not a complete sentence

Line 182-183: A large prospective study looking at only individuals with childhood onset non accommodative esotropia would be best as a future study.

Line 186-188: Please expand on your conclusion. Surgical failures for persistent esotropia in this study were 3 times more common than surgical failures for consecutive exotropia. Does this
mean your surgical tables should be adjusted? If not, why not? Also, I would comment that while no factors were identified to be associated with surgical failure, the small number of patients in this study could hide a true difference between the two groups, particularly if that difference is small.

**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.

Unable to assess

**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

**Quality of written English**
Please indicate the quality of language in the manuscript:

Needs some language corrections before being published

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