Author’s response to reviews

Title: Acute uveal effusion during phacoemulsification with preoperative central serous chorioretinopathy: a case report

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Author’s response to reviews:

Dear Editor,

We respectfully submit our manuscript entitled "Acute uveal effusion during phacoemulsification with preoperative central serous chorioretinopathy: a case report." for consideration for publication in BMC Ophthalmology. The paper was coauthored by Ruiqi Chang, Yu Du, Zhou Peng, Yi Lu, and Xiangjia Zhu.

Uveal effusion is the accumulation of fluid in the suprachoroidal layers with consecutive choroidal and retinal detachment, considered as a precursor of uveal hemorrhage and expulsive hemorrhage. With the modern cataract surgical techniques including small-incision, the incidence of uveal effusion has thus been significantly reduced. Acute uveal effusion during phacoemulsification has been rarely reported. Here, we reported an acute uveal effusion during clear corneal phacoemulsification using topical anesthesia in an eye with preoperative chronic central serous chorioretinopathy (CSC).

The patient with a history of chronic CSC for over 18 months presented with bilateral opacified lens. Preoperative ophthalmic examination showed CSC in the left eye, suspected lenticonus and
risky anatomies, including thick ciliary body, anteriorly rotated ciliary process and iris root in both eyes. During phacoemulsification, the anterior chamber flattened. With suspected infusion misdirection syndrome, anterior vitrectomy was rapidly performed followed by uneventfully accomplished operation. Postoperative ophthalmic examination including fundus photograph, type B ultrasound and optical coherence tomography confirmed the presence of uveal effusion. Our case report revealed a potential association between preoperative CSC and uveal effusion during surgery, considering the choroidal hyperperfusion and hyperpermeability in CSC eyes.

This work has not been submitted elsewhere for publication, in whole or in part, and all the authors have approved the manuscript as enclosed.

Thank you for your consideration.

Sincerely yours,

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Author’s response to reviewers’ comments

Dear editors,

We greatly appreciate both your help and that of the reviewers concerning improvement to this paper. We cherish this opportunity to revise the manuscript and have tried our best to make the revisions.
Thank you.

Yours sincerely,
Xiangjia Zhu.

Response letter:

Reviewer #1

Q1: I appreciate authors' careful revision of the manuscript. The manuscript was well-written, giving detailed description of the case. The revised version of manuscript explained all my concerns well. However, was a "F" missed in the abbreviation "FFA"(page5, line5)? I believe it is more suitable for publication and would be illuminating.

Response: Thank you for your suggestion. We have revised the regarding issue according to the reviewer’s suggestion (Case presentation section, line 5, paragraph 1, page 5).

Reviewer #2

Q1: Page 7, Line 14-15. Please describe in more clear sentences. In my opinion, few blood in exudation is not related to diagnosis, but subfoveal effusion directly indicates that uveal effusion was cause of surgical problem. The author's sentence could induce confusion to readers.

Response: We really appreciate your advice. We have revised the regarding issue according to the reviewer’s suggestion (Conclusions section, line 15-20, paragraph 1, page 7).