Reviewer’s report

Title: Intraoperative Optical Coherence Tomography Assisted Analysis of Pars Plana Vitrectomy for Retinal Detachment in Morning Glory Syndrome: a case report

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Reviewer: Takeshi Iwase

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Authors analyzed intraoperative optical coherence tomography data (iOCT) in pars plana vitrectomy (PPV) for non-RRD in morning glory syndrome (MGS), and concluded that iOCT assisted PPV in RD case due to MGS facilitated to remove thick layers of the vitreous much more safer.

However, there are some concerns regarding this investigation below.

1 The most concern in this manuscript is whether the retinal detachment is from strong adhesion between the vitreous and epimacular, epipapillary areas. In addition, is optic disc pit really absent? The pre-operative OCT images show ILM detachment and retinoschisis, and subretinal fluid. Furthermore, the Supplementary Video 1 shows the ILM detachment in the latter half of the video, and a temporary pause during ILM peeling. The authors may want to demonstrate a strong adhesion at the pause?. However, the detached retina can be pulled up during ILM peeling without strong adhesion. In general, ILM detachment is not caused by the tractional force. The finding can be observed in eyes with optic pit including MGS. Therefore, it is likely that this case has a pit in the anomalous optic disc head which cause non-RRD with MGS.

2 The authors hypothecates the tractional forces of the vitreous to be the major cause of the retinal detachment in MGS, meaning that primarytractional forces if the vitreous induce tractional RD and further formation of the retinal break at the weakest area of the overstretched retinal tissue within excavated optic disc. It is difficult to state the hypothesis from this one case. It is better to delete it

3 In general, MGS has an excavation and preretinal membranous tissue. Those findings are not clear in the pre-operative OCT images. Does this patient have those findings or the quality of the images are not good?
4 In method section, BCVA was stable at 0.8 for a long time. How long the vision was stable and central non-RRD was persisted?

5 The authors performed 23-guage PPV. When the surgery was performed? Please state it.

6 It is better to show the pre-operative fundus color photo

**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.

No

**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.

Not relevant to this manuscript

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