Author’s response to reviews

Title: Subretinal echinococcosis: a case report

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Author’s response to reviews:

Dear Dr. Neri,

Thank you for the comments. We have carefully revised the manuscript as recommended in the reviewer’s comments. The modified contents are highlighted in the text. The response of each the reviewer’s points is as follows. Please let us know if there is anything improper or if you need any further information.

Reviewer #1:

1. The author should explain why both steroid and anti-VEGF treatments were used. Severe inflammation sometimes obscures vessel dilation in the iris, and this can resemble iris neovascularization (i.e., pseudo neovascularization). This pseudo neovascularization can be resolved with anti-inflammatory treatments, such as oral steroids. Did the author perform angiography in this patient? Furthermore, if the author suspected infectious uveitis, why was steroid injection into the vitreous fluid performed? This method would have worsened the clinical status of a patient suffering from infectious uveitis.
It is not easy to distinguish the iris vessel dilation and neovascularization under some circumstances. As the reviewer mentioned, the pseudo-neovascularization could be resolved with anti-inflammation treatments. The patient received steroids after admission to hospital. His intraocular inflammation was successfully controlled before the intravitreal injection. We would not perform intravitreal injection before the inflammation was controlled. We added the treatment description before the intravitreal injection in the manuscript (highlighted, page 3, line 73-75). After the anti-inflammation treatment, the iris neovascularization was the same, so we thought the vessels were neovascularization and anti-VEGF treatment was given.

The panuveitis was caused by the allergic reaction of the parasite antigen, which was different from the infectious uveitis caused by bacteria, virus or fungus, so using steroids had a positive influence on the inflammation of this patient.

2. The authors should explain why vitrectomy was performed. Was the primary aim to obtain a biopsy?

Hydatid cysts need to be completely excision in the treatment of the echinococcosis disease. If the lesion is not removed completely, the inflammation will spread and the echinococcosis may plant in the adjacent tissues. The histopathology examination of the extracted lesion could also help to confirm the diagnosis of the disease and direct the further treatment.

3. The author stated that the histological image was of the lesion after extraction from the ocular tissue. Does the hyaline material have a special role in echinococcosis infection? Please explain.

The wall of the hydatid cyst is an avascular, eosinophilic chitinous laminated membrane as the histological image in the manuscript.

Reviewer #2:

1. Try to follow SUN classification nomenclature when possible. Avoid grade for keratic precipitates, but add description (such as granulomatous, non-granulomatous…).

Thank you for the instruction, we added “non-granulomatous” to describe the keratic precipitates, the modified content is highlighted in the text (on page 2, line 53-54).
2. Posterior synechias is probably a better term than "his pupil was partially adhered to the lens".

We revised the sentence and used the term “posterior synechias” as recommended. The modified content is highlighted in the text (on page 2, line 55-56).

3. CT scan and MRI images will benefit of arrows pointing the pathological findings.

Arrows are added on the CT and MRI images and in the text and the figure legends. The modified contents are highlighted (on page 2-3, line 64/66/68/69; page 7, line 211/215-219).

4. Some acronyms need to be explained such as "LR×AP×SI" in Figure 2.

LR×AP×SI represents the size of the lesion in the lateral (LR), anteroposterior (AP), and superoinferior (SI) directions. We revised the acronyms with the full name. The revised content is highlighted (on page 7, line 212-213).

5. English needs to be reviewed (alternating present and past tenses).

We revised the English language. The revised contents are highlighted.

Thank you and best regards,

Liu Yang