Author’s response to reviews

Title: Retinal Complications of Gout: A Case Report and Review of the Literature

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Author’s response to reviews:

1) In the Abstract, after the Conclusions, please include the heading "Keywords" followed by three to ten keywords representing the main content of the article.

Keywords have been moved from the Title Page to the Abstract, as requested.

2) After the Discussion in the main manuscript, please include a List of abbreviations: If abbreviations are used in the text they should be defined in the text at first use, and a list of abbreviations should be provided.

A list of abbreviations has been added after the Discussion, as requested.

3) Please clarify why ethics approval was obtained for this Case Report and please name the committee that granted the ethics approval. Generally, and according to most countries' national regulations, case reports do not require formal ethics approval unless they are reporting the experimental use of a novel procedure or tool. If you did use a new procedure or tool on the patient, please make this clear in the manuscript and provide a clear justification for why the new procedure or tool was deemed more appropriate than usual clinical practice to meet the patient’s clinical needs. If this was not the case, simply state "Not applicable" in the Ethics section.
‘Not applicable’ has been listed in the Ethics section. No new procedures or tools were used on the patient.

Banu Turgut Öztürk (Reviewer 1): This case report about maculopathy secondary to chronic, uncontrolled gout is unique in the literature. From that aspect it is worth to consider for publication. However the relevance of macular findings with gout with macular lesions should be further addressed before publication. Differential diagnosis of the lesions from age related macular degeneration warrants more evidence. The OCT images do not show the exact location it has been taken so the location of crystals in the sensory retina or above RPE could not be seen clearly.

The patient is African American (ie, Black) and macular degeneration is rare in this population. In addition, there are no signs of drusen visible on the basement membrane in either the photographs or the OCT. The distribution of the refractive crystals near the retinal vessels and their association with areas of atrophy is not consistent with non-exudative age-related macular degeneration. Additional description as to why the findings are not consistent with ARMD are given in the manuscript.

Discussion section has to include differential diagnosis of crystals in retina.

A differential diagnosis of crystalline maculaopathy has been added to the Discussion section.

Additionally Figure 1 should be deleted or edited so that we could see the hands only.

Figure 1 has been cropped to show only the relevant clinical findings.

Some sentences should be rephrased as they are too long and difficult to understand. Systemic laboratory findings in the discussion section like hyperlipidemia should be moved to case report section.
The paper is written in standard American English, and all authors are native speakers of this language. The paper has been reviewed by an English-speaking Canadian for style and slight changes were made to make sure that the manuscript is accessible to readers with varying levels of English fluency.

Laboratory findings have been moved to or mentioned first in the case report section.