Reviewer’s report

Title: Longitudinal observation of subretinal fibrosis in Vogt-Koyanagi-Harada disease

Version: 1 Date: 28 Sep 2017

Reviewer: Ilir Arapi

Reviewer's report:

The authors have answered to all raised topics however still remain some questions to be pointed out.

In the limitations the authors should mention the total absence of ICGA and EDI-OCT (except for patient 10), and the defective initial corticosteroid therapy (absence of pulse therapy).

Factors that might have majorly influenced formation of subretinal fibrosis which should be stressed in the discussion:

The severity of acute VKH disease needs high-dose corticosteroids given as early as possible although the need for intravenous corticosteroid administration during the 3 first days of treatment has not really been proven, common sense has it that, in case of hyperacute uveitis, rapid resolution of inflammation is desirable.

Being that VKH is a primary stromal choroiditis where inflammation is exclusively originating from the choroid, meaning that as soon as choroiditis is eradicated intraocular inflammation is over. ICGA is therefore essential in the investigation and follow-up of VKH disease as it brings additional global panfundal information on the crucial, core structure of the disease process, especially in the detection of subclinical choroidal inflammation, that is not available otherwise with Depth-enhanced choroidal optical coherence tomography of the choroid (EDI-OCT), which shows choroidal thickening, and consequently representing a good complementary tool.

Abu el Asrar's et al prospective study "Mycophenolate mofetil combined with systemic corticosteroids prevents progression to chronic recurrent inflammation and development of 'sunset glow fundus' in initial-onset acute uveitis associated with Vogt-Koyanagi-Harada disease. Acta Ophthalmol. 2017 Feb;95(1):85-90" should be also be cited in the discussion in order to try to elucidate and reason as much as possible on the reasons which might have predisposed these series of patients to fibrosis.

EDI_OCT and FAF should be introduced.

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.

No

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

No

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I am able to assess the statistics

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