This case report describes spontaneous reattachment of an nDSAEK graft that was 75% detached.

1. The major concern is that it is important to differentiate between partial and complete graft detachment. Partial DSAEK detachments usually spontaneously reattach, and spontaneous reattachment has even been reported in a few cases of complete DSAEK detachment (reference 6). Therefore, it is advisable to watch partial detachments for a month to see if they spontaneously reattach. If the detachment persists and is affecting vision at one month then air can be re-injected to prevent fibrosis and poor visual outcome (as observed in reference 7). This case report describes a large (75%) but partial nDSAEK detachment. Therefore, it’s not particularly surprising that it spontaneously reattached. The point of the article should be to call attention to the fact that partial detachments can be monitored up to a month for spontaneous reattachment.

2. Please report whether the authors have had any cases of nDSAEK partial detachment that did not spontaneously reattach.

3. Please provide a reference for the double glide technique (line 86).

4. Line 92: please clarify whether the high vitreous pressure was caused by pupillary block. Was an inferior iridectomy or iridotomy performed?

5. In lines 113-114, it would be helpful to clarify that recipient Descemet membrane and endothelium must be removed with Fuchs dystrophy to eliminate the guttae that distort vision.

6. Lines 143-144: please clarify whether this is referring to "decentration" or "detachment". "Decentration" implies the graft completely detached and moved off-center relative to the recipient cornea.
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?
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