Author’s response to reviews

Title: A rare case of scleral buckle infection with Curvularia species

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Response to Reviewer Comments

Mark Mandelcorn (Reviewer 1)

1. Line 44. On fundus examination, was there a visible buckle indentation, and, if so, was there any focal inflammatory reaction visible on the buckle internally? Please describe it. Was the inferior retinal detachment due to exudation or open retinal break?

Response: There was a visible buckle indentation superiorly. No visible inflammatory reaction was noted internally. We presume that the inferior retinal detachment was exudative in nature as on subsequent follow-up at 2 months it was seen to have settled and no break was found.

Modifications made under section “Case Report”: Line 9,10,26 and highlighted.

2. What was the material of the buckle? Was it circumferential or a band and plate?

Response: Solid silicon buckle explant had been used in this patient and it was placed circumferentially in the superior quadrant.

Modifications made under section “Case Report”: Line 7,8 and highlighted.
3. What were the medications in the antibiotic and antifungal wash? Was there a culture taken of the discharge prior to surgery? If so, why was the post op antibiotic regimen not tailored to the pre-operative microbial information?

Response: Medications in the antibiotic and antifungal wash included gentamycin and voriconazole. The patient was planned for surgical removal on the same day on which he presented and a pre-operative culture was not taken.

Modifications made under section “Case Report” : Line 16,17 and highlighted.

David Hinkle (Reviewer 2)

1. What was the buckle material? Was it a solid band or sponge?

Response: The buckle material was a solid silicon explant.

Modifications made under section “Case Report” : Line 7,8 and highlighted.

2. What sutures material was used to secure the buckle to the sclera, if known? (Braided polyester may increase risk of infection over monofilament nylon in experimental models)

Response: Braided polyester suture was used to secure the buckle to the sclera.

3. What antibiotic and anti-fungal agents were used to irrigate the subconjunctival space?

Response: Antibiotic and antifungal wash included gentamycin and voriconazole.

Modifications made under section “Case Report” : Line 16,17 and highlighted.

4. Is it the routine practice of the authors to treat all patients with infected scleral buckle empirically with systemic and topical antifungal agents until stains and or cultures are available or were there clinical factors (the black deposits?) in this particular case which led to that course of management?

Response: The authors tailor the empirical treatment to the clinical presentation and the preoperative microbiological profile report of the discharge if any. However, in this case the patient taken up for buckle removal on the day on which he presented and hence a microbiology report was not available. Also the black deposits were highly suggestive of a fungal etiology and hence the choice of management.

"The authors' response letter has also been included as a supplementary file"