Author’s response to reviews

Title: Varicella Zoster Virus-Associated Chorioretinitis: a Case Report

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Author’s response to reviews:

Dear Dr. Ester Carreno,

We thank the reviewers for their valuable comments to improve our manuscript. We revised the manuscript according to the reviewers’ recommendations as follows. The revised contents are colored in blue also in the manuscript.

Editor Comments:

Further to reviewer's comments, please use the SUN classification to describe intraocular inflammation and avoid terms such as "mild inflammatory cells" in line 55 (page 3).

→ Anterior chamber cells were described according to the SUN working group grading scheme (page 3 line 55).

Reviewer reports:

Miles Stanford (Reviewer 1): This is a case report of a 61 year old lady who presented with acute chorioretinitis with exudative retinal detachment in the context of herpes zoster ophthalmicus. The lesion resolved with intravenous acyclovir and steroids with a good visual result. The case report is well written and appropriately referenced and illustrated.
Specific comments

Case presentation

Could the authors state how long the HZO had been present prior to the patient's presentation?

→ The patient was on oral acyclovir for a week prior to the initial visit for herpes zoster infection of the trigeminal nerve. This was described in case presentation (page 3 line 51).

The authors mention macular oedema and optic nerve head swelling (line 56). Neither is apparent in Fig 1. There is an exudative detachment of the macula but no evidence of oedema.

Again macula oedema is mentioned (line 72) when the authors are referring to resolution of the exudative detachment.

→ We agree that ‘exudative detachment of the macula’ would be a more exact description in the fundus examination of this patient. Optic nerve head swelling was not apparently shown in Figure 1a, which had been taken with wide-field fundus photography, though mild disc swelling was present at the initial visit. We revised the description according to the reviewer’s advice (page 3 line 56, page 4 line 73).

In line 78 the authors mention RPE elevation. There is no evidence of this, only an exudative detachment.

→ Following the reviewer’s comment, we described the OCT findings as ‘RPE undulation with choroidal folds’ removing ‘RPE elevation’ (page 4 line 79).

Alejandro Fonollosa Calduch (Reviewer 2): This an interesting case of chorioretinitis secondary to VVZ infection. Just a few comments:

1. The authors state that they performed intraocular fluid analysis; what type of analysis was it: PCR, intraocular antibodies?

→ PCR analysis of intraocular fluid was performed and the result showed positivity for VZV only (page 3 line 61).

2. The authors should clarify why they used topical ganciclovir instead of acyclovir, since ganciclovir is indicated for CMV and acyclovir for VVZ and HSV.
We used topical ganciclovir instead of acyclovir to achieve faster penetration through the cornea because ganciclovir has a high lipophilicity (page 3 line 67). Ganciclovir gel is also tolerated better than acyclovir ointment with similar efficacy.

3. On describing autofluorescence imaging the authors should use "reflectivity" instead of "intensity"

We used the term ‘reflectivity’ instead of ‘intensity’ according to the reviewer’s advice (page 4 line 87, page 9 line 181).

Sincerely,

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