Author’s response to reviews

Title: Scedosporium apiospermum infectious scleritis following posterior subtenon triamcinolone acetonide injection: a case report and literature review

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Author’s response to reviews:

January 16, 2017

Professor Guangde Tu, Editor-in-Chief
BMC Ophthalmology

Dear Dr. Tu:

Enclosed is our revised manuscript entitled, “Scedosporium apiospermum infectious scleritis following posterior subtenon triamcinolone acetonide injection: a case report and literature review”, which we would like to submit for publication in the ‘BMC Ophthalmology.’ This article is original, unpublished, and is not being considered for publication elsewhere.

Our responses for the reviewers are listed in the text that follows.

For editor comments:

1) In line with your comment, a phrase ‘and prolonged’ was added at the last sentence of Abstract section. The sentence was changed into ‘these types of infections require not only extensive but also prolonged systemic and topical medical treatment especially for fungal scleritis’ at line 1-2, page 11. The phrase ‘and prolonged’ was also added at the last line at Conclusion section.
2) I am sorry I failed to upload the photograph images, because I uploaded the pptx files. I attached them again with pdf files.

For Dr. Alejandro Fonollosa Calduch (Reviewer 1):

Thank you for your helpful comments.

As you pointed out, fungal scleritis such as this case should be managed with systemic therapy. Indeed, the patient worsened after only topical medication, though we initially tried to treat in an outpatient department. To explain this, the sentence at lines 8-10 in page 7 was changed into ‘the patient was initially started on 1% voriconazole (VRCZ) and 1.5% levofloxacin (LVFX) eye drops that were each administered six times per day in an outpatient department,’ and the phrase ‘hospitalization for’ was added at line 15 in page 7. Moreover, the description ‘Though initial treatment by only topical VRCZ was ineffective, the inflammation improved after addition of intravenous VRCZ. Therefore, not only topical but both topical and systemic VRCZ proved to…’ was added at lines 9-10 in page 10.

For Dr. Ariel Schlaen (Reviewer 2):

Thank you for your helpful comments. Responses to your comments are as follows:

1) ‘Scleral perforation’ was added at line 10 in page 5 (Background section) as one of the complications, and the literature by Leder HA was added in References section.

2) I am sorry I failed to upload the photograph images, because I uploaded the pptx files. I attached them again with pdf files.

3) In line with your suggestion, the T2 MRI image showing the peribulbar lesion was added as Figure 2.

4) The citation of the reference 15 after ‘oval conidia-like structure’ in Case presentation section was removed in line with your comment.

5) In line with your comment, the phrase ‘and prolonged’ was added at the last line of Abstract section, and the phrase ‘requires not only extensive but also prolonged systemic and topical medical treatment especially for fungal scleritis’ was added at lines 1-2 in page 11. The phrase ‘and prolonged’ was also added in the last sentence of Conclusion section.

Once again, we would like to thank the editors and reviewers for their helpful comments and suggestions. The revisions made in line with all of these suggestions have helped make this a better paper. We hope that you will now find our manuscript acceptable for publication in the BMC Ophthalmology.
Sincerely,

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