Author’s response to reviews

Title: Acquired distance esotropia associated with myopia in the young adult

Authors:

Ke Zheng (zhengke43@126.com)
Tian Han (docthantian@126.com)
Yinan Han (cctvsix5566@163.com)
Xiaomei Qu (quxiaomei2016@126.com)

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Acquired distance esotropia associated with myopia in the young adult

Dear Editor Awadein:

Thank you very much for your letter and the reviewers’ comments. These comments point out the inadequacies of our article. Please convey our sincere thanks to the reviewers.

Based on the comments, careful modifications have been made to the manuscript. All changes were marked in the paper. We hope the revised manuscript will meet your magazine’s standard.

Thank you again for your assistance. If you have any questions regarding this manuscript, please feel free to contact me. We are looking forward to hearing from you.

Best regards,

Ke Zheng
Tian Han
Xiaomei Qu
Response to reviewer #1:

We are honored by your kind comments on our manuscript. We have carefully revised the manuscript. The revised portions of the text are marked in the paper. We add line numbers in this version for your convenience. Our responses and the main corrections to the paper are as follows:

Comment 1:
The data presented is not new/innovate.

Response:
Thanks for the comment. Distance esotropia is common in old patients, however it is not common in young population. In our clinical experience, we recently saw many young myopic patients who complain about distance diplopia in past few years, we find this kind of patients have similar feature so that we started to recruit this kind of patients and see if we can find any risk factor or not. Interestingly this kind of patients all had long time near work, more distance deviation than near, progressive symptom and some of them had pathological exam for lateral rectus muscle which showed that there were no muscle fiber. Even data was collected 2 years ago, we still believe that it is still a very interesting finding and worth letting other ophthalmologists know about it and discuss possible cause.

Comment 2:
In few patients the difference between the distance and the near esotropia is only 5 PD so it cannot be called "distance esotropia".

Response:
Thank you for comment. We realized that two of eleven patients had 5 PD deviation in distance more than near, but it should doesn’t matter we call patient “distance esotropia”, we don’t deny that patient also had near esotropia. The patients we reported were not divergence insufficiency or basic esotropia. We don’t know which classification fit patients’ feature, we just descried their similar finding, and that’s also the reason we want more doctors to know about this kind of esotropia.
Response to reviewer #2:

We are honored by your kind comments on our manuscript. We have carefully revised the manuscript. The revised portions of the text are marked in the paper. We add line numbers in this version for your convenience. Our responses and the main corrections to the paper are as follows:

Comment 1:

In the patients evaluation you used the Krimisky method to measure the angle of strabismus although all the patients have 20/20 vision in both eyes. It was better to use the prism - cover method for measuring the full angle (phoria and tropia).

Response:

Sorry for our mistake. We measured the corneal light reflexes test, and also did prism-cover method. We revised our errors. (line 75)

Sentence before revision:

Binocular alignment was measured using the Krimsky test.

Sentence after revision:

Binocular alignment was measured using the prism-cover test.

Comment 2:

You also measure the convergence fusional amplitudes only and not the divergence amplitude which is very important to demonstrate divergence insufficiency in your cases.

Response:

Sorry for our mistake. Thank your for you suggestion. We actually measure the vergence fusional amplitude, not only convergence but also divergence. We revised our errors. (line 76)

Sentence before revision:

Convergence fusional amplitudes were measured with a phoropter.

Sentence after revision:
Vergence fusional amplitudes were measured with a phoropter.

Comment 3:
It was better to do Hess screen testing to all patients to be sure that there is no any incomitancy which may be present in some apparently no-limited mobility cases.

Response:
Thank you for your suggestion. We admit that Hess screen test can help us make sure that there is no any incomitancy. Unfortunately, some patients already had surgery treatment. Besides we checked all patients mobility very carefully and ruled out any systemic problem which can cause incomitancy through careful history taking. Besides few patients also had CT or MRI which were normal. We confirmed that all patients had no incomitancy strabismus. And after surgery treatment, seven patients got symptom released and no strabismus.

Comment 4:
It was better to do force generation test on the lateral rectus muscle to assess its strength in such cases to support the postulation of its weakness.

Response:
Yes, we did force generation test on the lateral rectus muscle for the patients who received surgery treatment. We didn’t find that the lateral rectus muscle as weak as that in palsy strabismus. However pathological examination which showed that there were no muscle fibers, but rather collagenous fibers from the lateral rectus. That made our article more interesting, we want more doctor can talk about it even we have our explanation.

Comment 5:
The correlation between the degree of myopia, the near work time per day and its duration before the onset of the diplopia need to be studied may be in larger number of patients.

Response:
Thank you for your suggestion. We admit we don’t have very strong evidence to prove the correlation between the degree of myopia, the near work time per day and its duration before the onset of the diplopia. This is the limitation for our article, but we still believe that it is still a very interesting finding and worth letting other ophthalmologist know about it and discuss
possible cause. We will do further study in larger number of patients. Revision has been made. (line 145)

Sentence before revision:
In the present study however, all patients were myopic and had distance esotropia.

Sentence after revision:
In the present study however, all patients were myopic and had distance esotropia. However, the larger number of patients needed to be studied in the further.