Author’s response to reviews

Title: A novel surgical technique for punctal stenosis: Placement of three interrupted sutures after rectangular three-snip punctoplasty

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Dear Editors and Reviewers,

We thank the editors and reviewers of BMC Ophthalmology for taking their time to review our manuscript. After reviewing the comments, we have made appropriate corrections
and clarifications. I had full access to all data in this original manuscript and take responsibility for the integrity and accuracy of the data, as well as the decision to submit the work for publication.

We hope that the revised manuscript will better meet the publication requirements of BMC Ophthalmology.

Sincerely,

Jong Won Lee, MD, and Sun Young Jang, MD

Editor Comments:

1. You claimed this study as a retrospective interventional study. However, considering the fact that this is the first application of your new surgical technique on patients, and you aimed to study the outcome, this could not be considered as retrospective study. You are required to explain whether the ethics approval was obtained before the 1st patients received this kind of surgery.

Answer: Since 2014, we have applied this simply modified surgical technique (placement of three-interrupted sutures after snip punctoplasty) to prevent restenosis after a snip operation, and IRB approval was not obtained at that time. IRB approval regarding retrospective medical chart review was obtained during the process of writing the manuscript to introduce the surgical technique and its successful outcomes.

Retrospective chart review studies for the purpose of introducing a simple modification of an existing surgical technique have previously been published. Examples include the 2012 AJO paper by Kim et al.4 (four-snip punctoplasty) and the 2015 EYE paper by Wong et al.8 (punch punctoplasty), which were referenced in this manuscript. For further clarification, we removed the term “interventional” and have revised the sentences in the manuscript as follows.
Methods: Retrospective chart review of 48 eyes of 44 patients who underwent rectangular TSP with three interrupted sutures was performed.

Methods: This was a non-comparative case series.


2. According to BMC Series policy, any research project that prospectively assigns people or a group of people to an intervention, with or without concurrent comparison or control groups, to study the relationship between a health-related intervention and a health outcome should be considered as a clinical trial, which must be registered in a publicly accessible registry that meets WHO criteria, http://www.who.int/ictrp/network/trds/en/.

We would like to respectfully request that you retrospectively register your study in order to proceed with the submission process. Suitable publicly available registries are those listed on the ICMJE website as well as any of the primary registries that participate in the WHO International Clinical Trials Registry Platform, including the ISRCTN registry, which is administered and published by BioMed Central.

Answer: As previously mentioned, this study was not conducted using a prospective design. I inquired whether an International Clinical Trials Registry Platform registration was still required. This study was a retrospective chart review study describing the surgical outcomes of already executed surgeries.
Reviewer reports:

Richard C. Allen (Reviewer 2): The authors have satisfactorily addressed the concerns raised by the reviewers.

Answer: Thank you for your positive comments.

Hunter Kwok Lai Yuen (Reviewer 3): In the method part, I prefer to state the IRB approval 1st.

Answer: As recommended, we stated the IRB approval first. Please see page 4 of the Methods section.

The measurement of TMH was based on slit lamp finding, I suppose the authors will measured either 0.5, 1, 1.5, 2....etc. Therefore, the significant figure should be 1 rather than 2 decimal space.

Answer: We agree with your suggestion, and have changed the results as follows:

Page 5, lines 138–139, Results: The mean TMH decreased from 1.4 mm (0.5–3 mm) to 0.8 mm (0.5–2 mm).