Author’s response to reviews

Title: Characteristics of keratoconic patients at two main eye centres in Palestine: a cross-sectional study

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Author’s response to reviews:
Dear editor

Editor-in-Chief

Hope this finds you well

Re: Revised Manuscript Submission (Manuscript ID: BOPH-D-17-00286))

We would like to thank you and all the reviewers for your time and insightful and qualified comments after reviewing our manuscript titled “Characteristics of keratoconic patients at two main eye centres in Palestine: a cross-sectional study”. We wish to thank editor and reviewers
again for their time in commenting on the draft manuscript, which I believe has strengthened the paper.

Our responses to the comments are yellow – highlighted in the revised manuscript. We carefully addressed all the comments of the reviewers. A point by point reply to the comments is given below. We hope that we appropriately addressed all comments.

I look forward to your and the reviewers’ comments on the manuscript and hope that the manuscript is given favorable consideration for publication in BMC Ophthalmology

Yours sincerely

Sa’ed H. Zyoud

Reviewer reports:

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Reviewer #1: Dr. Poh Yuen Ying Rozaida-

1. This manuscript is a simple descriptive and retrospective study on the epidemiological and clinical characteristics of people with keratoconus in the Palestinian population. It is approved by the hospitals’ ethics committee. It would contribute new information to increase awareness in the clinicians in their management of patients including treatment.

Response: We would like to thank you for the very insightful and useful comments and suggestions that will go a long way in improving this manuscript, and thank you for your assessment of the importance of the article.

2. The title of the article reflects the content of the manuscript.
Response: thanks for you

3. The article has clear objectives.

Response: thanks for you

4. The abstract is adequately structured with the relevant information.

Response: thanks for you

5. The statistical methods appear to be correctly applied, as the analysis involved mainly correlating BCVA with severity and comparing multiple groups. The number of samples was also adequate.

Response: thanks for you

6. The conclusion answers to the objectives of the study.

Response: thanks for you

7. However, the statement that ‘keratoconus is a fairly common non-inflammatory’ disease should be checked. Many studies have recently suggested that it may be inflammatory (see Galvis et al. (2015).

Response: thanks and this information is now included (Page 3 Line 5)

In addition, the tables should be improved:

Response: thanks and all tables are now improved (see tables)

Table 3: Variable sex? N (%), why was the p-value in bold for severity of KC at presentation? I assume it is because it was statistically significant, thus it should be indicated in the footnote. Additionally, the name of the statistical test should be included in the footnote, as the table should be self-explanatory to the reader.
8. The typographical and grammatical errors are too many for me to list down in its entirety. Furthermore the page numbers were not indicated so the errors could not be picked out in a specific manner. However, a few examples are listed below:

Typo: Dissess – disease; sever – severe; follw – follow.

Grammatical errors: disease seduction?; improperly-structured sentences such as “With no significant differences was found to be in the mean age between sexes…”; ‘going deeper with each parameter”? And many more.

It is thus recommended that a thorough revision of the typographical and grammatical aspects be carried out before publication, otherwise it will reflect badly on the journal’s reputation.

Response: We would like to thank the reviewer for pointing out several minor language mistakes. We had the paper extensive reviewed by native English speakers with experience in scientific English. We think this version of manuscript is much clearer than the old one.

9. Certain abbreviations were not explained, e.g. BCVA.

Response: thanks and all abbreviations are now explained (Table 2)

I would prefer that the authors address the aspects above before the manuscript is accepted for publication.

Response: We carefully addressed all the comments of the reviewers. A point by point reply to the comments is given below. We hope that we appropriately addressed all comments.
Reviewer #2: Dr. Ebru Toker

We would like to thank you for the very insightful and useful comments and suggestions that will go a long way in improving this manuscript, and thank you for your assessment of the importance of the article.

- In general: Editing help from a proficient English proofreader would certainly improve the quality of the manuscript. Some of the language mistakes at first glance.

Response: We would like to thank the reviewer for pointing out several minor language mistakes. We had the paper extensive reviewed by native English speakers with experience in scientific English. We think this version of manuscript is much clearer than the old one.

- Abstract line 37: "that KC is a much higher in middle-eastern countries in comparison to other regions of the world------"KC has a much higher prevalence ……"

Response: thanks and this is now corrected

- Line 45: "A retrospective was conducted in two ophthalmology center.."----" A retrospective study was…”

Response: thanks and this is now corrected

- Line 16: "Most of the patients in their twenties with…."----"Most of the patients in their twenties presented with."

Response: thanks and this is now corrected

- Introduction: Line 38: "…from blurred vision till blindness…"—"…to blindness"

Response: thanks and this is now corrected
- Introduction: Line 57 "Another factor associated with increase the risk of KC is."
  Another factor associated with an increase in the risk…."

Response: thanks and this is now corrected

- Materials: Line 20 " depending into…” ----"depending on." 

Response: thanks and this is now corrected

- Results-Line 42-43, distribution of age group, lines 1-12 ; sex predilection lines 30-37; demographic characteristics lines 49-59; overall discussion

Response: thanks and all these are now modified

- Specific comments:

  - Introduction: Nicotine is presented as a risk factor with an irrelevant reference (no 5). If smoking is meant by nicotine, it actually is a protective factor against KC.

    As stated in the introduction, the purpose of this study is to describe the epidemiological and demographic characteristics of the disease, genetic and environmental risk factors. However only a few epidemiological and demographic data -sex, bilaterality and residency are presented and evaluated in the study. Including other epidemiological factors- as clearly stated by the authors in the first and second paragraphs of the introduction section like family history, consanguinity, associated systemic diseases, history of atopic disease and eye rubbing would have provided more valuable information.

    Response: Thank you very much for all comments. They are greatly appreciated. We added it to limitations in the discussions as you recommended (Page 12 Line 15)

- Results The authors state that patients from the rural area have higher mean K readings, but the data is not provided in the text.

Response: Thanks and this information is now included (page 5 Line 23; and Page 6 Line 1)
I would suggest showing age distribution with a histogram instead in table 2, would be more demonstrative.

Response: Thanks and Table 2 is now changed to histogram (Figure 1)

What is meant by "a significant association between sex and severity of KC"?

Response: Thanks and this is now modified

Discussion: In general, due to language mistakes, discussion was difficult to read and understand.

Response: In this revised version of manuscript, we corrected the spelling and grammatical errors. We think this version of manuscript is much clearer than the old one.