Author’s response to reviews

Title: Suprachoroidal Hemorrhage Followed by Swept-Source Optical Coherence Tomography: A Case Report

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Author’s response to reviews:

Dr Guangde Tu
Editor-in-Chief
BMC Ophthalmology
RE: BOPH-D-18-00034

Dear Dr Tu

Thank you for your e-mail of June 19, 2018 regarding our manuscript. We have carefully considered your comments and those of the reviewers. We have addressed these concerns and have revised our manuscript accordingly. As the corresponding author, I certify that each of the coauthors have seen and agree with each of the changes made to this revised manuscript. We have answered each comment below.

To Associate Editor and Editorial Board Member

Thank you for your comments.

Because of the deep penetration into tissues, SS-OCT is considered a powerful tool for the management of postoperative suprachoroidal hemorrhage. Further studies including a larger number of patients are considered necessary to confirm the value of SS-OCT for a tool to visualize the course of this serious complication.
Based on your suggestion, we have added the sentences ‘Because of the deep penetration into tissues, SS-OCT is considered a powerful tool for the management of postoperative suprachoroidal hemorrhage. Further studies including a larger number of patients are considered necessary to confirm the value of SS-OCT for a tool to visualize the course of this serious complication. In spite of the limitation of single case report, we believe it would be beneficial for clinicians to know the change of OCT findings in the course of the resolution of a suprachoroidal hemorrhage.’ in the Discussion part (Page 4, Lines 31～Page 5, Lines 6).

Reviewer 1 (Stephan Hoffmann, MD, Ph.D)

The manuscript “Case of Suprachoroidal Hemorrhage followed by Swept-Source Optical Coherence Tomography” by Uramoto et al is an interesting case presentation, describing the resolution of a suprachoroidal hemorrhage by swept source OCT. The manuscript is well written and the authors are describing for the first time the resolution of the suprachoroidal blood by OCT. The topic is interesting, but the authors should include more patients so that conclusions according to the morphology can be drawn. With an inclusion of one patient and presentation as a case report, the manuscript is only of modest interest. The manuscript is publishable, but I encourage the authors to include more patients with a suprachoroidal hemorrhage in a future study and compare the morphological OCT changes with the disease progression.

Answer: Thank you very much for your comment. I agree that a study with many patients would be more persuasive. However, a case with suprachoroidal hemorrhage is quite rare. Therefore, we have added a sentence “Further studies including a larger number of patients are considered necessary to confirm the value of SS-OCT for a tool to visualize the course of this serious complication. In spite of the limitation of single case report, we believe it would be beneficial for clinicians to know the change of OCT findings in the course of the resolution of a suprachoroidal hemorrhage.’ in the Discussion part (Page 5, Lines 1～Page 5, Lines 6).

Reviewer 2 (M. A. Rehman Siddiqui)

The authors describe a novel use of SS-OCT to identify the location of Supra-choroidal hemorrhage and subsequently follow up resolution of the condition. I feel this could be better described as a pictorial essay or a short letter to the editor. Author should discuss more about differential diagnosis of such lesions on SS-OCT. Discussion about supra-choroidal haemorrhage itself is unnecessary.

Answer: Thank you for your comments. We agree that there are some diseases which shows the similar OCT findings to suprachoroidal hemorrhage, such as choroidal hemangioma, choroidal malignant melanoma, and choroidal nevus. However, the suprachoroidal location and not choroidal location of the lesion makes the differential diagnosis relatively easy. In addition, the acute onset of the suprachoroidal hemorrhage is useful for differential diagnosis. According to your suggestion, we have added the differential diagnosis of the suprachoroidal hemorrhage by OCT. Also, we have removed the discussion about the suprachoroidal hemorrhage itself.
Thank you again for the suggestions, and we would very much appreciate it if you re-consider our manuscript for publication in BMC Ophthalmology

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