Author’s response to reviews

Title: Posterior pole asymmetry analysis and retinal nerve fibre layer thickness measurements in primary angle-closure suspect patients

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Editor Comments:

Please add visual field data for controls and PACS subjects in Table 1. Also it is important that you edit your references to comply with the guidelines (i.e. remove the DOI information except where necessary).

Answer:

1. Since visual field are normal in both PACS group and control group, and it is quite difficult to quantify the visual field, we don't add related data.

2. I have edited my references to comply with the guidelines(See references)

Paaraj Dave (Reviewer 1):

1. Abstract section states 35 PACS patients were included while the result section states that only 30 eyes were included.

Answer: In my Results section I have mentioned that “Out of 65 subjects in this investigation, we excluded five subjects due to the poor fixation and poor measurement quality. Subsequently, 60 eyes were enrolled in this study, with 30 eyes in the control group and 30 eyes in the PACS group”. 
2. The signal strength in the Spectralis OCT is depicted by the quality score which should ideally be greater than 25 (and not 16).

Answer: I got the signal strength of 16 from Tewarie P[1] who said “The recommended minimum signal strength sufficient to produce satisfactory image quality for Spectralis is 15 on a 1 to 40 scale”. Could the reviewer give me the detailed reference which offer the signal strength of 25 so that I could revise it. thank you very much.


3. Dave et al.(2016) in their article describing normal asymmetry of PPAA parameters in children have shown that the 2.5 to 97.5 percentile limit for interocular asymmetry for total PPAA macular thickness parameter ranged for -9 to 21 microns. In absence of other studies in adults, one can only assume a similar variation which occurs normally even in adults. With this background, the authors mean difference of close to 10 microns in the retinal thickness between the 2 groups though statistically significant may not be clinically significant.

Answer: In Dave’s result, the 2.5 to 97.5 percentile limit for interocular asymmetry for total PPAA macular thickness parameter is the difference between left and right eye of the same person. In our study, it means the difference between PACS group and control normal group. The above two is incomparable, let alone the different statistic method.

Ahmad A. Aref (Reviewer 2): The authors seek to answer a clinically relevant question with regards to the possibility of OCT macular changes in patients diagnosed with PACS. The authors conducted a prospective, controlled study to answer this question. Study methodology, including statistical techniques, is appropriate. The study findings are consistent with the results. There are no ethical concerns.

Answer: thank you very much.