Author’s response to reviews

Title: Reoperation Following Vitrectomy for Diabetic Vitreous Hemorrhage With versus Without Preoperative Intravitreal Bevacizumab

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Response letter

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Dear Editor,

We much appreciate the editor’s and reviewer’s positive and constructive comments and suggestions regarding our manuscript entitled “Reoperation Following Vitrectomy for Diabetic Vitreous Hemorrhage With versus Without Preoperative Intravitreal Bevacizumab” (BOPH-D-18-00514R2).

We have studied the reviewers’ comments carefully and have made revisions according to the comments.

Point-by-Point Response
Jason Crosson (Reviewer 3): The edits to the manuscript have made it a much stronger paper, I think. I
want to congratulate the authors.

I have 3 short comments:

1. The significant result mentioned in the first line of the abstract regarding re-vitrectomy...I would include this sentence in the body of the results section as well as it is a key finding.  
Reply: Thank you for your careful review and suggestion. We have added the sentence in the body of the results located on line 7-8 on page 8 in the revision.

2. I think it would be helpful to include a sentence or two as to why re-injection was included in the re-operations. That makes total sense to me know that I understand the setting. Taking someone back to the OR for an injection is certainly a use of resources worth tracking, and if there is something you can do to lower the number of re-injections, it's relevant.  
Reply: Thank you for your advice. We have added the description located on line 11-14 on page 6 in the revision.

Ilir Arapi, M.D. (Reviewer 4): I wish to thank the Associated Editor for the invitation in this review. The authors are investigating the role of preoperative bevacizumab in the reduction of the reoperating rate in patients affected by proliferative diabetic retinopathy associated with tractional retinal detachment and vitreous hemorrhage.

1- Were conditions such as retinal ischemia, detachment with macula-off for more than 6 months, significant corneal/lens opacity considered excluding factors? please specify in the text
Reply: Thank you for your careful review and suggestion. We excluded the patients with retinal ischemia found during surgery, detachment with macula-off for more than 6 months, significant corneal opacity. In phakic patients aged ≥ 50 years, phacoemulsification and intracapsular acrylic foldable intraocular lens implantation were performed. Four patients underwent cataract surgery alone after the primary vitrectomy.
We have modified the description in the revised version, located line 1-2 on page 5.

2- Please specify in the methods the temporal criteria for performing PPV in a non resolving VH, anatomical criteria for PPV in TRD.
Reply: Thank you for your advice. We have added the description located on line 19-20 on page 4 and line 7-9 on page 5 in the revision.

3- Namely all performed ophthalmic examinations, surgical procedures, postoperative follow-up should be cited in a detailed way.
Reply: Thank you for your advice. We have added the description located on line 9-15 on page 5, line 19-22 on page 5, and line 1-3 on page 6 in the revision.

4- Were there significant differences in the incidence of postoperative complications, unplanned PPV, elevation of IOP to more than 30 mmHg, or central retinal thickness on SD OCT between the groups? please specify in the results.
Reply: Thank you for your advice. Our study showed that there were significant differences in the incidence of postoperative complications and elevation of IOP to more than 30 mmHg. But there were no significant differences in the incidence of unplanned PPV, CRT on SD-OCT between groups.
We have added this part of the results on line 18-22 on page 7, line 18-20 on page 8, and line 13-17 on page 9 in the revision.

5- Was there a significant improvement in BCVA from baseline to the last follow-up in the 4 different
groups?
Reply: Thank you for your advice. There was a significant improvement in BCVA in the 4 different groups. We have added this part of the results on line 5-8 on page 9 in the revision.

6- The retrospective nature of the study represents a major limitation of the study, under the light of multiple recent randomized controlled trials publications. please mention in the discussion
Reply: Thank you for your careful review and suggestion. The inherent limitation of retrospective research was unavoidable, and we added this part of the debate on line 10 on page 12 in the revision.

7- Review of the english language is required
Reply: Thanks for your reminder. We are sorry for the mistakes in numerous spelling/grammar/formatting. The manuscript has been checked by Grammarly and modified by the Scribendi website. Finally, the article was carefully edited by a native English speaker.

We tried our best to improve writing and made some changes in the manuscript. These changes will not influence the content and framework of the paper. We appreciate for Editors’ and Reviewers’ warm work earnestly and hope that the correction will meet with approval.

We appreciate your consideration of our manuscript, and we look forward to receiving comments from the reviewers. Thank you again and best regards.

Sincerely,

Zongduan Zhang