Author’s response to reviews

Title: Unilateral Inferior Oblique Anterior Transposition for Markedly Asymmetric Dissociated Vertical Deviation with Unilateral Inferior Oblique Over-action

Authors:

Shuang-Qing Wu (shuangqingwu@zju.edu.cn)
Qi-Bin Xu (huahuochina@qq.com)
Wen-Yan Sheng (helen200726@163.com)
LiWei Zhu (zlwgsy@163.com)

Version: 4 Date: 01 Aug 2019

Author’s response to reviews:

August 1, 2019

Dear Editor,

Thank you for your kind suggestions regarding our paper “Unilateral Inferior Oblique Anterior Transposition for Asymmetric Dissociated Vertical Deviation with Unilateral Inferior Oblique Over-action” (BOPH-D-19-00075R3). We have carefully revised the paper and listed our replies to the corresponding comments from the reviewers as follows:

For Professor Rajavi:

Add to method:

1) what was the least amount of DVD to include the patient?

Reply: A sentence as “manifest DVD of 10 PD or more in at least one eye,” has been added in the Method.
2) consider simultaneous DVD and horizontal surgery at least in your discussion or conclusion as a suggestion.

Reply: “Concurrent horizontal muscle surgery was preferred in most of previous studies. However, we performed secondary horizontal muscle surgery at 3 months after IOOA, considering the impact of DVD and IOOA on horizontal strabismus. These factors make our results less comparable to those achieved in previous studies.” was added in the Discussion.

3) io anteriorization correct DVD by enhancing the IR muscle power and always produce upgaze limitation, how your all pts have been corrected without any limitation? add to your result and discussion "their DVD were corrected with no considerable upgaze limitation "

Reply: We considered that the meaning of anti-elevation syndrome and upgaze limitation was same. “Postoperatively, none of the patients developed obvious hypotropia, anti-elevation syndrome or IOOA in the contralateral eye postoperatively, and no changes were noted in contralateral eye DVD, IOOA, diplopia, and fixing properties.” has been mentioned in the Result.

“Although hypotropia and anti-elevation were also reported in unilateral IOAT surgery, its complications were often mild [4,6]. In our study, IOOA and DVD were significantly reduced in all patients, and there were no related complications.” has been mentioned in the Discussion.

Moreover, we have added the Conclusion part after the Discussion.

There was no change of author list in this revision. Each of the coauthors has seen and agrees with each of the changes made to this manuscript in the revision and to the way his or her name is listed.

We hope our revised manuscript is acceptable for publication in journal of BMC Ophthalmology
Best regards

Dr. Li-Wei Zhu, M.D.
Department of Ophthalmology,
Hangzhou Red Cross Hospital,
208 Huancheng Road East, Hangzhou, 310003, Zhejiang, China
Tel: +86-571-56108688; fax: +86-571-56109529
E-mail: zlwgsy@163.com