Author’s response to reviews

Title: Quadrantic Vortex vein decompression with subretinal fluid drainage for management of Nanoophthalmic choroidal effusions. Review of Literature and case series

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Author’s response to reviews:

Respected reviewers,

We would like to start by thanking you for reviewing our paper and for all the valuable comments. Thank you for your encouraging comments. Your suggestions are highly appreciated and we have tried our level best to improve / correct and answer all of them. The queries raised by our reviewers and our response/implementation are illustrated below.

I would like to thank you on behalf of our co-authors again.

Sincerely,

Dr. Anadi

Reviewer Comments and response from the authors:

Benjamin Hale (Reviewer 1)

Comment 1: Abstract. First page. States compression instead of decompression. I believe this is correct in the reformatted abstract.

Response: Thank you. Yes, it is corrected in the reformatted abstract.
Comment 2. Introduction Paragraph 4, first sentence. New paragraph, specify to the first time reader what "it" is you are classifying. It is not apparent at first whether you are classifying uveal effusion syndrome, nanophthalmous, or nanophthalmic uveal effusion syndrome?

Response: It denotes uveal effusion syndrome classification. A reference to this has been added.

Comment 3. The authors reference a 1974 article by Brochurst et al. Please check this reference and make sure this is how Brochurst classified uveal effusion syndrome in the original article and that nothing has been lost in further publications since then. Also, are there any recent publications that suggest a classification scheme and is this classification scheme still accepted?

Response: Thank you for this comment. Yes, we have been able to find recent publications using similar classification. We searched and found the following article which has also used the same classification and added its citation:


This article has used the same classification and has over 146 citations as per 7th Aug 2019.

Comment 4. Introduction Paragraph 7, second sentence. What type of drainage are you referring to? Specify subretinal or suprachoroidal fluid.

Response: Thank you for highlighting this. We have corrected this by elaborating it as ‘Subretinal’

Comment 5. Case Presentation, Case 1, 2nd paragraph 3rd sentence. Fundus findings in nanophthalmous are variable and sometimes normal. I would suggest not describing the finding as nanophthalmic fundus and instead describe the findings. ie Leopard spotted rpe changes, macular hypoplasia, crowded disc,

Response: Thank you. The changes has been made as advised.

Comment 6. Case 2, paragraph 1, second sentence. Again, describing the fundus findings instead of stating nanophthalmic fundus.

Response: Thank you. The changes has been made as advised.

Comment 7. Conclusion - article is about nanophthalmic uveal effusion syndrome. Note that effusion syndrome was left out in this sentence.
Response: Thank you. We have corrected this error.

Andreas Ebneter, M.D., Ph.D. (Reviewer 2)

Comment 1: There are some grammatical flaws, especially in the introduction that could be corrected to improve the quality of the manuscript, though.

Response: Thank you. We have consulted our linguistic advisor and make few changes to make the flow better.

Comment 2: Relating to the surgical technique, as a reader I would like to have additional information only: From external subretinal drainage, the eye would go soft. Do you pressurize the globe during this procedure by injecting BSS into the anterior chamber?

Response: Thank you for your query. An anterior chamber maintainer was placed via clear corneal incision in a quadrant where it would least disturb the eye movement or expel itself (often corresponding to 1 clock hour inferior to the region of drainage). This information has been added to manuscript.

Comment 3: What treatment do you prescribe postoperatively?

Response: Thank you for pointing this out. Postoperatively, systemically we prescribed acetazolamide tablets three times a day for 3 days along with oral steroids of 1 mg /kg, indomethacin and proton pump inhibitors. The eye was padded till the next day. Topical steroids and antibiotics drops were started and continued for total period of 1 month.

This detail has been made concise and added to the manuscript.