Author’s response to reviews

Title: Watch out for the special location of intraventricular silicone oil following an intraocular tamponade - a 10-year follow-up case report based on CT/MRI.

Authors:

Juntao Cao (cjt203500@163.com)
Lianlong Bian (dr_bll@sina.com)
Pengpeng Zhou (pengp_zhou@yeah.net)
Jianchun Tu (jianchun_tu@126.com)

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Author’s response to reviews:

Dear prof. Tian,

Thank you for your letter and comments concerning our manuscript entitled “Watch out for the special location of intraventricular silicone oil following an intraocular tamponade - a 10-year follow-up case report based on CT/MRI” (BOPH-D-19-00397R1). We have studied comments carefully and have made correction which we hope meet with approval. Revised portion are marked in red in the paper. The response to you are as following (marked in red):

Editor Comments:
(1) Please address the residual comments from reviewer#1
We have made corrections in the new reversion based on reviewer 1’s comments, as shown in Response to reviewers (page 3 in this letter).

(2) Please provide a point-by-point response letter accompanies your revised manuscript. This letter must provide a detailed response to each reviewer/editorial point raised, describing what amendments have been made to the manuscript text and where these can be found (e.g. Methods section, line 12, page 5). Please also provide a copy with track changes/highlighting showing the changes you made in responding to the reviewer's comments.
We have provided a point-by-point response letter to editor accompanying the revised manuscript. The detailed response to reviewer/editorial point raised has been described in reply letter with red mark. The following is a copy with track changes/highlighting showing the changes we made in responding to the reviewer's comments.

Reviewer reports:
Yau Kei CHAN, Ph.D. (Reviewer 1):
1. Please state within the manuscript, the limitation of not being able to estimate/measure the volume of silicone oil in the brain with the possible reasoning, as stated in the letter reply to the editor.
We have stated the limitation of not being able to measure the volume of silicone oil in the brain and
why (Discussion section, line 30-32 page 4).
Some methods that may be useful for further study were also listed(Discussion section, line 32-33 page 4).
We also have stated it in the letter reply to the editor.

2. Refer to the second last question as raised by Dr. Tabuchi, after authors' amendment, the meaning of the last sentence in the conclusion is still not clear and indeed very confusing.First, the authors please state clearly the migration "of what" between eyeball and brain.
We apologize for the trouble the last sentence in conclusion caused you.
We have corrected it in the conclusion section(line 41 page 4).

Second, what do you mean by "alternative"?
We apologize for our unclear statement. The clearance of silicone oil in the brain is usually by surgery(there is controversy, though). We envisage a conservative way to remove silicone oil from the brain. We have revised this sentence in conclusion section by adding ”compared to surgery”(line 43 page 4).

Third, how can you remove silicone oil in the brain?
We have an idea based on the phenomenon observed and the reasons that may cause it. The following two steps may be taken to guide the migration of silicone oil from the brain to the eye:
1. To remove high intraocular pressure, and it may be able to stop or reduce or delay the leakage of silicone oil in the eye. The siphon effect caused by proper low intraocular pressure may facilitate the return of silicone oil.
2. To keep moving of intraventricular silicone oil by Changing the position, because the silicone oil is always located above the cerebrospinal fluid. Therefore, silicone oil can migrate from one area to another through “critical channels”, such as interventricular foramen. The time it takes for silicone oil to migrate from the brain to the eye may be uncertain, just as the time it takes to migrate from the eye to the brain. We are not sure of the practicality of this assumption, and we have no further knowledge of it.

Best Wishes
Jianchun Tu

Response to reviewer 1
Dear Dr. CHAN,
Thank you very much for your comments concerning our paper. We have studied them carefully and have made correction which we hope meet with approval. Our response to your questions is as follows (marked in red):

1. Please state within the manuscript, the limitation of not being able to estimate/measure the volume of silicone oil in the brain with the possible reasoning, as stated in the letter reply to the editor.
We have stated the limitation of not being able to measure the volume of silicone oil in the brain and why (Discussion section, line 30-32 page 4).
Some methods that may be useful for further study were also listed(Discussion section, line 32-33 page 4).
We also have stated it in the letter reply to the editor.
2. Refer to the second last question as raised by Dr. Tabuchi, after authors' amendment, the meaning of the last sentence in the conclusion is still not clear and indeed very confusing. First, the authors please state clearly the migration "of what" between eyeball and brain. We apologize for the trouble the last sentence in conclusion caused you. We have corrected it in the conclusion section (line 41 page 4).

Second, what do you mean by "alternative"? We apologize for our unclear statement. The clearance of silicone oil in the brain is usually by surgery (there is controversy, though). We envisage a conservative way to remove silicone oil from the brain. We have revised this sentence in conclusion section by adding "compared to surgery" (line 43 page 4).

Third, how can you remove silicone oil in the brain? We have an idea based on the phenomenon observed and the reasons that may cause it. The following two steps may be taken to guide the migration of silicone oil from the brain to the eye: 1. To remove high intraocular pressure, and it may be able to stop or reduce or delay the leakage of silicone oil in the eye. The siphon effect caused by proper low intraocular pressure may facilitate the return of silicone oil. 2. To keep moving of intraventricular silicone oil by Changing the position, because the silicone oil is always located above the cerebrospinal fluid. Therefore, silicone oil can migrate from one area to another through "critical channels", such as interventricular foramen. The time it takes for silicone oil to migrate from the brain to the eye may be uncertain, just as the time it takes to migrate from the eye to the brain. We are not sure of the practicality of this assumption, and we have no further knowledge of it.

Thanks again for your question, which will not only improve our paper, but also provide an opportunity to explain our bold idea.

Response to reviewer 2

Dear Dr. Tabuchi,

Thank you for your recognition of our changes.