Reviewer’s report

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.

Version: 0 Date: 05 Oct 2019

Reviewer: Hitoshi Tabuchi

Reviewer's report:

This paper reports the process of escape of very rare intraocular silicone oil into the brain. I think the value of the report is high due to its unusualness.

On the other hand, it is difficult for general ophthalmologists to understand the contents because of lack of explanation.

The medically proven knowledge is written in detail so that general ophthalmologists can understand.

On the other hand, it should be clearly stated that matters that are not medically explained are clearly unknown.

Abstract

The purpose and significance of this paper are not communicated only by the contents of the abstract. It should be emphasized that the findings obtained in this study have clinical significance. For example, if discrimination from real-murder is the most important point, it should be written in Abstract, It will attract more reader interest.

Background

What ophthalmological problems are caused by Intraventricular silicone oil should be mentioned because it is of interest to many ophthalmologists.

For example, it should be described from past reports whether it reduces visual acuity or actually harms brain function. If nothing happens, you should write so.

Text

We noticed that silicone oil migration from the anterior horn in the right lateral ventricle to that of the left lateral ventricle might be related to the patient's sleep habits in the right lateral decubitus position

This is not a scientific description. Even if I heard directly from the patient, How often do you sleep in that position It may be just the patient's posture before going to bed, or just when she gets up after sleeping. Or did you observe a video of sleep posture?

Then the diagnosis of intraventricular migration of silicone oil after an intraocular tamponade was made based on the patient's medical history (Fig.1). The patient's symptoms improved markedly
through a nutritional supported treatment.

Why is it stable for 6 months, and it's silicone oil in the brain. Can you say that? Is there any change for other diseases? Is there a possibility of other diseases? Although it is a statement that the symptoms have been cured by nutritional supplementation, what kind of nutrition is it? Is there any possibility of spontaneous remission?

>> The patient's symptoms improved significantly with an active treatment in neuroloy. I'm not sure about this either. There is also the possibility of spontaneous remission. I'd like you to tell me specifically what kind of treatment it is.

>> Meanwhile, the migration between eyeball and brain may be bidirectional, which may provide a reference for non-surgical intervention (if possible) in the future. What does it mean? Does it have any other medical value? Please explain in a little more detail.

Finally, write it as advice.
It may be easier to understand the clinical course of important anatomical shifts and patient symptoms in a time series.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Yes

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Yes

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

Not relevant to this manuscript

Quality of written English
Please indicate the quality of language in the manuscript:

Acceptable

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