Author’s response to reviews

Title: Multimodal imaging in a case of a congenital retinal macrovessel associated with a retinal cavernous hemangioma: a case report

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Response to Reviewer reports:

Neha Goel (Reviewer 1):

1) The abstract is too long and needs to be shortened.

The following lines were deleted from the abstract

- Variable degrees of hypo and hyper reflectivity were observed inside these cystic lesions.
- General examination disclosed no abnormal neurological signs or cutaneous hemangiomas. Cerebral MRI and abdominal ultrasonography ruled out the presence of associated cerebral and abdominal vascular abnormalities.
- During follow up, the patient developed an intra-retinal hemorrhage that resolved spontaneously in the affected eye. Clinical and OCT findings remained unchanged.

2) Similarly the discussion should pertain to the case being described and not be a review of the literature. It needs to be rewritten completely in a more precise and crisp manner.

The sentence: “Mauthner first described congenital retinal macrovessels (CRMs) in 1869 as aberrant vessels, crossing the horizontal raphe in the macular region.” Was deleted
These are predominantly retinal vein… was changed to “Congenital retinal macrovessels (CRMs) are aberrant vessels, crossing the horizontal raphe in the macular region, they are predominantly retinal veins1,2 originating from the temporal arcade, but could also originate from a retinal artery.

The sentence: “Differential diagnosis of CRMs includes arteriovenous communications, racemose angiomas, branch-shaped angioma, retinal capillary hemangiomas, pre-papillary vascular loops and congenital or secondary venous tortuosity3.” Was deleted

The sentence: “Usually CRMs cross the central macula and have large tributaries that extend beyond the horizontal raphe” was deleted

The sentence: “If the branches of an aberrant macrovessel originate near the fovea, it may alter its proper development and cause either foveal hypoplasia5 or important disorganization of retinal layers.” Was deleted and “which may alter its proper developement “ was added to the previous paragraph

3) Are the images of the macular haemorrhage which occurred on follow up available? If so, they should be added to add credence to the report

Figure 2 previously included in the submission as an attached file shows the macular haemorrhage that occurred in our patient

1) To support these, it would be great to compare findings of OCT angiography with those of FAG or findings of (en face) OCT with those of ICGA.

Was the flow of hemangioma well matched with those of FAG? , Was all the saccular lesions in FAG also visible at OCT angiography?

“OCT-A detected flow within the tumor in both superficial and deep plexus that matched the saccular lesions seen in FA but was not able to detect flow in all of them.”
Or was there any new findings in OCT angiography?

The tumors altered the surrounding microvascular architecture as shown by the presence of areas of capillary dropout surrounding the tumors that were not clearly identified in FA.

What was the advantage of OCT angiography over FAG in terms of additional findings?

“that were not clearly identified in FA” was added

2) Authors presented a choriocapillaris finding. In addition, en face OCT findings of choroidal layer, if available, would be great to compare the retinal and choroidal vascular alternation in this case.

En face OCT showed choroidal vascular dilations in both eyes (figure 5). Was added