Dear Editor,

Please find herewith enclosed the revised version of our manuscript entitled “HYPERHOMOCYSTEINEMIA IN BILATERAL ANTERIOR ISCHEMIC OPTIC NEUROPATHY AFTER CONVENTIONAL CORONARY ARTERY BYPASS GRAFT: A CASE REPORT” for publication on your Journal.

Find below the answer to the Reviewer(s) comments:

Reviewer #1:

1. Kindly give reference for this statement."The incidence of Anterior Ischemic Optic Neuropathy after Coronary Artery Bypass Graft procedures ranges from 1.3% to 0.25%".

1. ANSWER: We have reported the statement (highlighted text) in the Introduction section and its reference.

2. A lot of editing needs to be done, with regard to the quality of written English in the manuscript.
2. ANSWER: The text has been revised by a native English speaker. (highlighted text)

3. Did fundoscopy at presentation, reveal sectoral disc edema or luxury perfusion?

3. ANSWER: As you can read in the revised version of the manuscript, we have described better fundus oculi: (highlighted text in Case Report section) “bilateral pallid optic disc edema and splinter hemorrhages at the disc margin”

4. Was there a sectoral loss of perfusion, noted in this patient in FFA?

3. ANSWER: As you can read in the revised version of the manuscript, we have described better FFA. (highlighted text in Case Report section) “an hypofluorescence of optic disc in early fase due to filling delay ……..”

5. How was the color vision at presentation?

5. ANSWER: We did not performed colot vision test at presentation.

6. Was ESR & CRP checked to rule out arteritic type of AION? Was there any blood work up done post surgery to rule out systemic vasculitis/auto immune pathologies?

6. ANSWER: Before surgery ESR and CRP were moderately increased reflecting the inflammatory status of the patient with cardiovascular disease. The CABG surgery may have induced an increase of both parameters. However both values were always lower than those usually related to arteritic AION. After CABG we did not perform blood work up for systemic vasculitis/auto immune pathologies. The age, past clinical history, blood test results and ocular signs led us to the diagnosis of non arteritic AION.

7. Why was visual field analysis not done at presentation?

7. ANSWER: Visual field was performed at presentation and revealed (highlighted text): “an absolute and general reduction of the retinal sensibility within 30 degrees” in both eyes.

8. Why wasn't the anemia & hyperhomocystenemia treated prior to the surgery?
8. ANSWER: As you can read in the revised version of the manuscript, we mentioned that his preoperative hematocrit was 38% and hemoglobin 11.5 g/dL. Therefore the patient received 1 unit of Packed red blood cells (PRBC) intraoperatively and 1 unit throughout the hospital stay, before AION occurred. Regarding hyperhomocysteinemia, he did not receive folid acid with or without B-complex vitamins supplementation before surgery. At the present time, the benefit role of supplementation therapy on mild or moderate hyperhomocysteinemia remains unclear mainly in cardiopathic patients.

9. Was neuroimaging done to rule out compressive optic neuropathy?

9. As you can read in the revised version of the manuscript, we mentioned that neuroimaging did not reveal (highlighted text) “intraorbital pathology, elevated intracranial pressure or hemorrhages”

10. How was hyperhomocysteinemia treated in this patient?

10. ANSWER: As you can read in the revised version of the manuscript, we prescribed folid acid and B-complex vitamins supplementation.

11. Was his anemia treated?

11. ANSWER: After AION occurred, the Hct and Hb increased gradually and did not require treatment.

12. Kindly include fundus fluorescein images.

12. We are not able to export FFA images from angiography machine. However we just described the FFA images in the manuscript.

13. Please attach the fundus images that were taken at the time of presentation.

13. ANSWER: We did not perform retinography at the time of presentation.
14. The attached fundus pictures taken at 8 weeks suggest temporal pallor.

14. ANSWER: As you can read in the revised version of the manuscript, we have described better fundus pictures.

15. The pathophysiology for the causes of optic neuropathy, post non ophthalmic surgeries could have been explained better in the discussion part.

15. ANSWER: As you can read in the revised version of the manuscript, we have enlarged the discussion on pathophysiology of optic neuropathy.

16. The abstract & conclusion has a lot of grammatical errors.

16. ANSWER: The text has been revised by a native English speaker. (highlighted text)

Reviewer #2:

1. Lot of grammatical mistakes are seen. kindly correct them.

1. ANSWER: The text has been revised by a native English speaker. (highlighted text)

2. Colour vision, visual fields, RAPD are not mentioned in the case report

2. ANSWER: We mentioned visual field and RAPD in revised version of manuscript. Colour vision test was not performed.
We therefore hope that the manuscript now meets the interest of the editor and merits publication in your Journal.

Yours faithfully,

Alfredo Niro, MD, PhD