Author’s response to reviews

Title: HYPERHOMOCYTEINEMIA IN BILATERAL ANTERIOR ISCHEMIC OPTIC NEUROPATHY AFTER CONVENTIONAL CORONARY ARTERY BYPASS GRAFT: A CASE REPORT

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Author’s response to reviews:

Dear Editor,

Please find herewith enclosed the revised version of our manuscript entitled “HYPERHOMOCYTEINEMIA 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: May I suggest some language corrections in the manuscript.

Might be interesting to investigate the potential benefit of homocysteine lowering in patients candidated to CABG: We would like to conclude with the hypothesis that it would be worthwhile to investigate the potential benefit of treating pre-existing hyperhomocysteinemia in patients undergoing CABG.
This part can be deleted: even in the absence of alteration of supra-aortic trunk eco-doppler and ophthalmic arteries perfusion.

Despite anti-aggregation, antithrombotic and vasodilatator treatments were already ongoing, ten days after surgery the patient complained severe bilateral visual loss: In spite of ongoing anti-aggregation, antithrombotic and vasodilatator therapy, ten days after the surgery, the patient complained of severe bilateral visual loss.

After 8 weeks funduscropy revealed bilateral temporal optic disc pallor without edema and a total visual field defect occurred in both eyes: After 8 weeks, funduscropy revealed bilateral temporal optic disc pallor without edema and a total visual field defect in both the eyes.

We know that there are predisposing ocular risk factors of AION as preexisting "disc-at-risk" configuration, but the presence of this configuration cannot be determined in a swollen or atrophic optic disc, and a vascular disorder of the optic nerve not recorded in clinical history of our patient: and a vascular disorder of the optic nerve was not noted in the clinical history of our patient.

ANSWER: We modified the sentences.

We therefore hope that the manuscript now meets the interest of the editor and merits publication in your Journal.

Yours faithfully,

Alfredo Niro, PhD