



SDI Review Form 1.6

Journal Name:	Journal of Advances in Medical and Pharmaceutical Sciences
Manuscript Number:	2014_JAMPS_12865
Title of the Manuscript:	Is Cystoid Macular Edema More Frequent In Vitrectomized Internal Limiting Membrane-peeled Eyes Undergoing Phacoemulsification?
Type of the Article	

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<u>Compulsory</u> REVISION comments		
<u>Minor</u> REVISION comments	Methods: the authors have to specify the type of used OCT Discussion: The authors should hypothesize about the causes of the higher frequency of macular edema in vitrectomized internal limiting membrane-peeled eyes after phacoemulsification.	Line 70 Spectral domain OCT (Cirrus HD-OCT, Carl Zeiss Meditec, Dublin, CA, USA) Line 119 The interstitial pathway from the vitreous cavity to the subretinal space is formed by the external and internal limiting membranes. The junctions of the external limiting membrane (ELM) are not sealed and, consequently, can only partially limit the movement of large molecules. However, the ILM has no significant influence on water movement.[6] Thus, the balance between static and dynamic vitreous tractional forces determines whether CME forms a macular hole or becomes chronic. Whilst ILM peeling may have beneficial effects on CME because it removes tangential traction, increases retinal oxygenation, reduces VEGF production, and allows intraretinal fluid from the macula to reach the vitreous cavity, it also alters the inner retinal structure possibly resulting in greater responsiveness to inflammatory stimuli.[7] The beneficial effect of ILM peeling may therefore be lost in the setting of inflammation post PE, with increased risk of CME. It is possible that minute nuclear lenticular material may enter the vitreous cavity during uncomplicated PE via minute zonular gaps, and this material may have greater inflammatory potential in vitrectomised eyes than eyes where it is subsequently removed with the vitreous.
<u>Optional/General</u> comments		