



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.

To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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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	1, Please show typical case (Fundus photo, OCT etc). 2, Do you use NSAIDs after this surgery? I think usage of NSAIDs may decrease the ratio of ME. 3, Please show change of VA and retinal thickness (like Ref 3).	line 91 The OCT findings of a typical case are depicted in figure 2. Line 66 Patients did not routinely receive prophylactic topical non-steroidal anti-inflammatories (NSAIDs) post-operatively. Figure 3 A. Mean LogMAR best-corrected visual acuity (BCVA) and B. mean central macular thickness(CMT in mm) of patients with cystoid macular edema (CME, n = 6) preoperatively (preop VA) and 1 (VA 1), months post-operatively, BCVA at time of CME diagnosis (CME, mean 3.3 months)and post CME resolution (no CME, 12 months). No patients had CME at 1st months visit.
<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments	I cannot find any new information from this manuscript. Similar data has already been published as authors mentioned at reference. Please emphasize new point of this manuscript.	Line 143 This is the first study to use a compare the rate of CME in both sequences of PE before or after PPV/ILM peel with combined surgery and with patients who had PPV/ILM peel without PE. This is the first paper to our knowledge, to report an incidence for CME post PPV/ILM peel alone (Table 1).