

Reviewer

4.

Major

1, Please show typical case (Fundus photo, OCT etc).

line 91

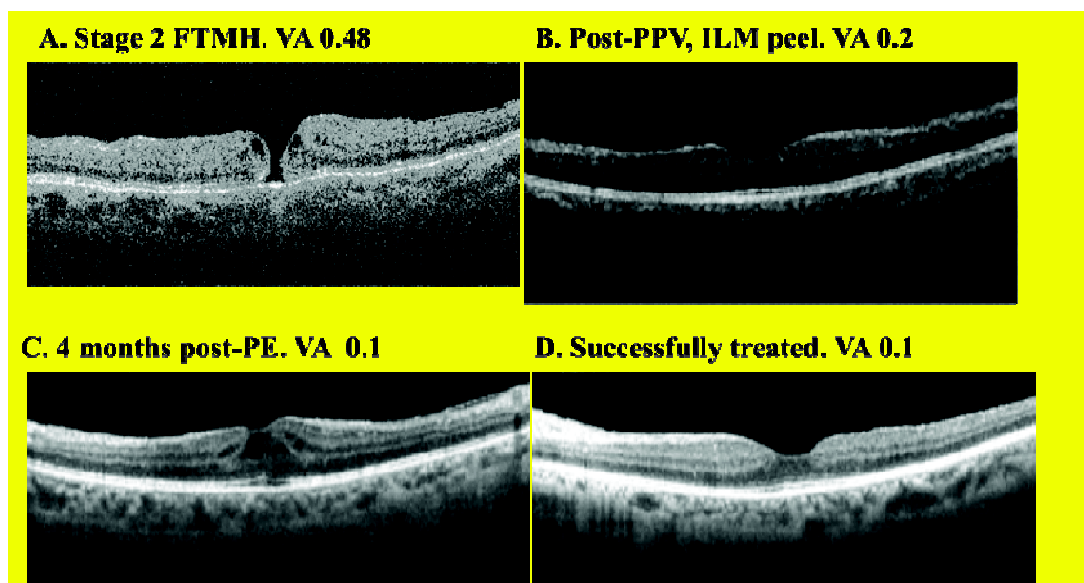
The OCT findings of a typical case are depicted in figure 2.

Line 185

Case study

Figure 2. Case study

- A. Optical coherence tomography (OCT) scan, left macula of a 61 year old female with reduced vision and metamorphopsia of 3 weeks duration, showing a grade 4 full-thickness macular hole (FTMH). LogMAR best-corrected visual acuity (VA) of 0.48. This patient is from group 4.
- B. OCT scan of same eye 3 months post FTMH hole repair with pars plana vitrectomy and internal limiting membrane peel (PPV, ILM peel), showing a closed macular hole.
- C. OCT scan of same eye, 4 months post phacoemulsification (PE) demonstrating cystoid macular edema (CME).
- D. OCT scan of same eye 6 months post PE, after topical treatment with topical non-steroidal anti-inflammatories and topical steroids, showing resolution of CME.



2, Do you use NSAIDs after these surgery

Line 66

Patients did not routinely receive prophylactic topical non-steroidal anti-inflammatories (NSAIDs) post-operatively.

I think usage of NSAIDs may decrease the ratio of ME.

We agree and have changed our practice after this analysis

Line 153

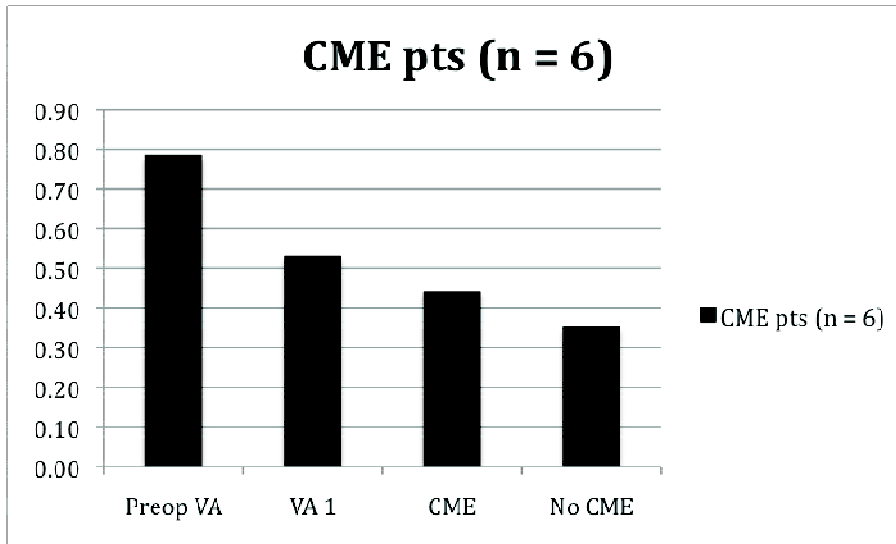
Further work should include a study to evaluate the effects of prophylactic NSAIDs on CME incidence post macular hole repair with PE.

3, Please show change of VA and retinal thickness (like Ref 3).

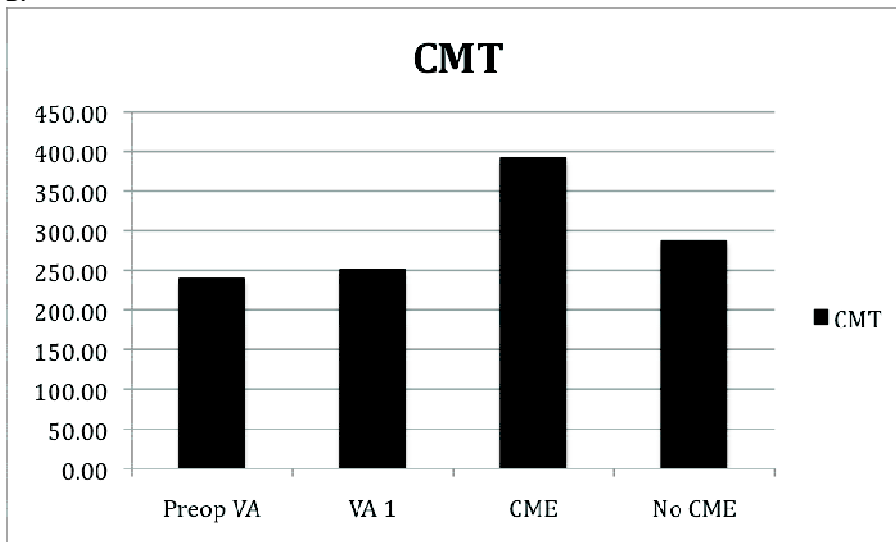
Figure 3

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.

A.



B.



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.