



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	Short communication

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 <i>(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)</i>
<u>Compulsory</u> REVISION comments	Article is regarding retrospective study done (place and hospital/Institution not mentioned) to find out timing of phacoemulsification performed before, during and after PPV with ILM peeling for 43 eyes with full thickness macular holes. Authors describe the incidence of cystoids macular oedema in vitrectomized eyes. There are some difficulties in understanding the outcome of this retrospective study, nevertheless following are the reviewers comments that may help in revising the present study. Abstract 1. The procedure runs in three groups but in the results section there are four groups with phakic group inclusion. 2. The age group, sex distribution and the place and duration of the study is not mentioned in the methods and materials section. 3. Results are once again confusing with inclusion of phakic group (4th group). Demographic details regarding age, sex and laterality of the disease process lacking. 4. Three patients had CME recurrence resolved with topical regime, but they say two patients had first PPV ILM peeling followed by PE and one patient had first PE followed by PPV ILM peeling. What was the rational for considering these three patients for surgical intervention once CME resolved with topical medication?	



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	Introduction 1. Authors describe CME incidence in the introduction, can be enriched by inclusion of reference regarding how PE becomes a risk factor. 2. What is the published incidence of CME for FTMH without PE 3. There are three groups according the purpose of the study, but four groups with inclusion of phakic group. Why phakic group included (8) whether for control or comparison. (Line no. 47-50) Materials and methods Although the article is submitted under short communication category, authors should describe in detail regarding the methods followed which are insufficient in the present study. 1. Age, sex distribution and place of study with ethical clearance from the institution should be described with how patients were categorised. Is it from case sheets in patient/out patient records 2. What were the inclusion criteria? Is hypertension not included? 3. What were the indication for using PPV with 20 and 23 gauge 4. How long dexamethasone recommended 5. What was the method followed to measure the CMT and complete details of the instrument should be stated. (please include 1 or 2 images showing OCT of post PE CME 6. How many phakic/pseudophakic/cataract eyes-please make it clear Results	
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	1. Once again, results section is weak due to missing of age, sex and laterality of the disease process. Categorisation of the groups should be clear. 2. In the methods, they say topical dexamethasone used for all patients but here NSAIDs ketorolac included. Did they use both agents (Line no. 67-69)-please make it clear Discussion 1. should be drawn from the results obtained in this retrospective study 2. Describe how topical steroids/NSAI drugs help in CME resolution. 3. What factors are contributing to decreased incidence of CME in eyes underwent PE first? 4. Discussion section needs improvement by inclusion of relevant references. Conclusion 1. How one can do PE in patients already underwent PPV ILM peeling without cataract formation (indications) 2. Authors' advocated combined phacovitrectomy please explain (Line no. 99-100) References 1. Please improve with addition of relevant material	
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<u>Minor</u> REVISION comments	Although the paper needs major reorganisation of the protocol followed, authors attempted to find out the incidence of CME considering PE as a risk factor for 43 eyes before, during and after PPV ILM peeling for FTMH. A prospective study would be more validated than retrospective study	
<u>Optional/General</u> comments	Authors may utilise the journal criteria for the text (2500-3500 words) and references (15-20) under short communication that will enrich the article.	

Reviewer Details:

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