

Reference: 2014_JAMPS_12865

General Comment:

This study evaluates the timing of phacoemulsification relative to pars plana vitrectomy and tries to demonstrate an increased risk for developing cystoid macular edema when phacoemulsification is performed subsequently to pars plana vitrectomy.

Although the study might be of interest for readers, in fact there is poor scientific evidence regarding this topic, there are several issues to take into account so that the manuscript can meet publication criteria.

According to the conclusion, the study seems to elucidate that there is a higher risk for developing cystoid macular edema when pars plana vitrectomy is followed by phacoemulsification and that the best option is to perform a combined surgery. However, this data are not fully analyzed in the study. Instead, manuscript appears to be tailored to describe the outcome of the patients that develop cystoid macular edema.

I have the following major concerns:

- Scientific design of the paper is poor and no statistical analysis was performed. In fact, the conclusion stated by authors suggesting combined phaco-vitrectomy, rather than pars plana vitrectomy followed by phacoemulsification is based on the results of Table 1, which, although showed a trend to support the hypothesis and the conclusion made by authors, lacks statistical analysis to ascertain significant differences.
- I agree with the authors in that sample size is limited. Indeed, they only had 6 patients that developed cystoid macular edema after the procedures, which does not allow to obtain reliable results to confirm the hypothesis.
- Study population is not described and demographic data of the patients are missing.
- In "Materials and methods" authors describe an "increased central macular thickness(CMT)". However, no breakpoint is given by the authors (i.e. CMT > 240um).
- Misspellings and poor grammar, as well as awkward sentences, make interpretation of the manuscript difficult to read.
- The length of the abstract is excessive. It should be shortened to fulfil standard publication guidelines.
- References for Table 1 should be given as a footnote.