



SDI Review Form 1.6

PART 1:

Journal Name:	Ophthalmology Research: An international Journal
Manuscript Number:	2013_OR_3614
Title of the Manuscript:	Reliability and Comparison of Corneal Reflex Measurement with Plusoptix S08 in Nonstrabismic Amblyopic Children

General guideline for Peer Review process is available in this link:

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

- This form has total 7 parts. Kindly note that you should use all the parts of this review form.



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PART 2: 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. L115-126 (Methods): Straight eyed anisometropic amblyopes may still have a microstrabismus ($\leq$ * pd), also called 'monofixation'. This often is missed with conventional tests. Given the mean ages, it may have got picked up on the 'Bagolini Striated glasses' as a central scotoma. It would be interesting to know whether these apparently 'non-strabismic' anisometropic amblyopic might have this small strabismus. 2. It is also advised to write the units in the results section. L137-8: I recommend 'degrees' should find mention here, since misalignment is being measured. A correction needs to be carried out in Table 2: n-% is mentioned, when no such values are given. Appropriately, degrees should find mention here too. 3. A similar change should be brought about in the abstract. 4. If a test of normalcy has been carried out (K-S) then the results should be shared with the reader. 5. Importantly, 95%CI for difference should be quoted, in addition to p values. All t-tests give it. Obviously this one will contain '0' within the 95% Confidence limits. 95%CI are superior to p values.	Q1. It is true, but we selected the ones without any microstrabismus as a control group. Next time we will consider to use this technique. Q2. Reviewer is right and we changed the table and add DEGREES in table II Q3. Abstract is also corrected as above Q4 and 5. The reviewer is right and we checked the statistics again added for age comparison t value -1,67 p value 0,100 and for comparison of corneal reflex the t values -1,55 p values 0,127 to results section



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<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments	I am left wondering why at all, misalignment was being evaluated using Plusoptix S08 when all the patients were presumably non-strabismic. After all, the patients eyes were essentially aligned, then why assess for misalignment? Perhaps the word 'Reliability' should be removed from the title. Reliability refers to how repeatable the results are, an aspect not being tested in this study. Also when the word, 'comparison' finds mention in the title, it begs the answer to 'with what?': A suggested title could be: Comparison of ocular alignment using Corneal Reflex measurements with Plusoptix S08, between non-strabismic amblyopes and normal controls.	ANSWER: As a Plusoptix S08 user we are curious about corneal reflex value, sometimes we see very high results in emmetropic non strabismic children and when we asked the company they told us that if the corneal reflex high it means there is amblyopia. This study is done if the company is right or not? The reviewer is right, and I have changed the title as Comparison of Ocular Alignment Using Corneal Reflex Measurements with Plusoptix S08, Between Non-strabismic Amblyopes and Normal Controls