



SDI Review Form 1.6

Journal Name:	Ophthalmology Research: An international Journal
Manuscript Number:	2013_OR_6137
Title of the Manuscript:	ORBITAL PROPTOSIS- A RARE PRESENTATION OF THYROID CARCINOMA: CASE REPORT AND REVIEW
Type of the Article	Case Study

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)
Compulsory REVISION comments	- Introduction should include some cites showing the increasing incidence of thyroid carcinoma in the last 10 years, together with cites showing the low frequency of systemic metastatic disease in these patients (including orbital metastasis) - Did the patient receive remnant ablation with radioiodine? If so, how was the whole body scan after radioiodine administration? If no, why it was decided not to administrate radioiodine. - How was the outcome of Thyroglobuline levels after treatment (radiotherapy, radioiodine?) -Did the patient have a 18-FDG-PET CT to evaluate complete extension of the disease? Lung metastasis? It is strange to see a patient with a papillary thyroid cancer metastatic to bone and orbit without lung metastasis. If this is the case, it should be addressed and additional bibliography should be included. - Discussion should be shortened. It is very repetitive and the concepts should be grouped and not considered again and again.	Introduction has been edited with the required changes. Remnant ablation was not given due to unavailability in our institution. Thyroglobuline level declined initially after thyroidectomy and then started to raise during the follow up period. PET CT was not done due to financial problems. Changes have been made.
Minor REVISION comments		



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<u>Optional/General</u> comments		
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