

FINAL EVALUATOR'S COMMENTS WITH THE ANSWERS

RESPONSE TO REVIEWER 1

1. The article was improved. However, the English clearly still needs major editing. Throughout the manuscript the term “tuberous sclerosis” should be replaced by "TS" (as the authors decided to use abb.). The authors should have asked a native English speaker to go over the manuscript.

The manuscript has been thoroughly revised by a native English speaker and essential changes have been made.

The term Tuberous Sclerosis has been replaced by TS.

2. Lines 36-38 should be deleted.

Line 36-38 delivers the information that retinal hamartomas are not only the sole findings in TS. An ophthalmologist should also pay attention to the non retinal findings. Hence, we thought it would be better to include these lines.

3. Although figures are from different subjects they should be united. 6 figures are too many. US should have been added (a figure).

The number of figures has been reduced from 6 to 4. Fundus photographs and abdominal photographs of the two cases have been combined.

Unfortunately we could not add the US figure.

4. Although interesting, I still don't find these cases unique to justify a publication as a case report.

It's an opportunity for young ophthalmologist like us from such a developing country to report theses rare cases. We have even added the word- an experience from Nepal in the title. Hence we think, it would be justified to allow us to report these cases.

RESPONSE TO REVIEWER 2

- 1. The authors have addressed many of the reviewer's concerns after the initial review. The introduction is shorter and additional information has been provided regarding the consenting and IRB process.**

Thank you.

- 2. The photos included are nice demonstrations of the lesions seen in TSC.**

Thank you and as per the next reviewer suggestion, we have reduced the number of figures from 6 to 4. Fundus photographs and abdominal photographs of the two cases have been combined.

- 3. I am still not sure that this manuscript adds much to the current literature since the ophthalmologic findings in TSC are well documented and an evaluation of the retina is already a recommended as part of the diagnostic criteria and work-up of a patient with TSC.**

These kinds of reports from a developing country like Nepal have not been published previously. And as per the advice of one of the reviewer we have also changed the topic by adding the word –“an experience in Nepal”. So we consider it would be worthwhile to recommend this manuscript for publication as an encouragement for young ophthalmologist from developing nation.

- 4. Unfortunately time does not permit me to correct the English in this manuscript. The authors are primarily from Nepal and while their English is quite good, the English continues to be very awkward with many typos and**

grammatical errors. I would recommend that if this manuscript is published, that the journal have the manuscript corrected by a native English speaker.

We have thoroughly revised the English and grammatical errors of the manuscript with the help of a native English speaker.

5. In addition, the incidence of TSC is usually now reported to be about 1: 6,000-9,000 individuals. A more current reference should be used (line 24).

The recent literature says the incidence to be 1:5000-10,000 and the changes have been made accordingly in line 24 and in reference section.

6. The term Salaam seizures on line 25 is outdated and should be changed to read “infantile spasms.”

The term Salaam Seizures has been replaced by infantile spasms.

7. Line 18 and 107– paraventricular should read “periventricular.”

Changes done.

RESPONSE TO REVIEWER 3

1.I've revised the new version of the manuscript and found no many differences with that previously submitted.

We had made lots of changes in the manuscript and the changes were highlighted with yellow colour. We have added informations in the introduction and discussion section too.

2. First of all, I comprehend that this pathology is rare in Nepal and could be worthful to describe it, but it could be better to include in title a sentence such (the experience of a Nepal cebter... or somethinh similar)

Thank you for your wonderful suggestion. We have added the word –“an experience from Nepal” in our title.

3. The manuscript should have been revised by a native speaker.

Has been thoroughly revised by native English speaker.

4. the introduction has been shorten, but my comments have not led to the advised changes:

5.line 38 has not been corrected, I don't think that subependymal giant astrocitoma could be called amartoma

The subependymal astrocytoma has been mentioned under hamartomas in literatures.

6.lines 59-62 have not been corrected.

These lines have been deleted.

7.lines 66-68: I adviced to move them to the discussion section. The sentence has been removed but it doesn't appear in the appropriate section.

The sentence has been moved in the discussion section.

CASES:

8.lines 102-105 have been only partially modified.

We think that these lines are important to mention because no active intervention was taken for the management of his physical and ocular findings as the baseline management is observation. Hence only partial modification was done.

9.Line 137: has not been corrected

Correction done

10.line 139: has not been corrected

Correction done

DISCUSSION

11.lines 145-148: the sentence has been removed but has not been replaced.

The sentence has been revised and the logic of association between retinal and intracranial astrocytoma has been mentioned.

12.lines 149-150: the sentence has been only partially modified.

We think that these lines are important to be discussed so only partial modification done instead of total replacement.

13.The author declares the discussion has been lengthen, but the previuosly submitted 19 lines has been reduced to 18

The fact is – lots of unnecessary lines from the discussion section have been removed and important lines have been added. So this section appears to be shorter than before.

RESPONSE TO REVIEWER 4

Retinal astrocytoma is known to occur in tuberous sclerosis. This case report is confirming that. It doesn't add anything to the present knowledge.

We comprehend that this is a rare pathology in Nepal and think that it would be very worthwhile to share our experience with others. We have also made a change in the title of our manuscript by adding the word –“an experience from Nepal”.

Hence, it would be worthwhile to recommend this manuscript for publication as an encouragement for young ophthalmologist from developing nation.