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Journal Name:	Ophthalmology Research: An international Journal
Manuscript Number:	2014_OR_11758
Title of the Manuscript:	Macular thickness measurement via Heidelberg Spectralis SD-OCT in pediatric patients
Type of the Article	Original Research Article

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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.

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PART 1: Review Comments

	Reviewer's comment This is an interesting article, reporting normative values for the Spectralis OCT from a group of 30 children aged 6-15 yrs. old. The concept of the study is useful, however its novelty is limited, because there is already a published, more robust study from a larger series of Turkish children for the Spectralis OCT (Turk et al.), and also for American children (Yanni et al.). Therefore, maybe the authors would like to re-consider / re-phrase / modify the aim of their study, for example to expand upon the previous study / to broaden the scope of the already existing database.	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> We like to thank you to reviewer for kind comments.
<u>Compulsory</u> REVISION comments	In the Introduction several aspects of the OCT technology and use are discussed, however data referring to the main topic of the paper, which is the use of SD-OCT in children are missing. The reader would appreciate some more information on OCT-studies in pediatric patients (normals and patients). In the Methods, the mean age of children should be given, and it would be interesting to know the distribution of ages (i.e. how many children of each age?). Were the children dilated? Were they all of the same race / ethnicity? In the discussion, I think more data regarding the comparison of the authors' results with other studies are needed. Much discussion is devoted to the anatomical structures used for various OCT measurements, but there is not much information regarding similarities / differences between the authors' results and other studies regarding retinal thickness measures. Some important studies that could be added are: - Spectral domain optical coherence tomography in children: normative data and biometric	We gave information about other studies in discussion. The mean age of the patients is given in the Results section. We added a new sentence for demographic data at the end of the Materials and Methods. We do not need dilatation for measurements via Spectralis OCT because the patients were normal subjects (no cataracts, no corneal disease etc.) We used 20 literatures and some of them were the biggest series published.



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	correlations. Al-Haddad C, Barikian A, Jaroudi M, Massoud V, Tamim H, Nouredin B. BMC Ophthalmol. 2014 Apr 22;14(1):53 - Multicenter Spanish study of spectral-domain optical coherence tomography in normal children. Barrio-Barrio J, Noval S, Galdós M, Ruiz-Canela M, Bonet E, Capote M, Lopez M. Acta Ophthalmol. 2013 Feb;91(1):e56-63. - Optical coherence tomography in the eyes of normal children. El-Dairi MA et al. Arch Ophthalmol. 2009 Jan;127(1):50-8. doi: 10.1001/archophthalmol.2008.553. - Analysis of retinal nerve fiber layer and macular thickness measurements in healthy Taiwanese individuals using optical coherence tomography (Stratus OCT). Hsu SY¹, Tsai RK. J Glaucoma. 2008 Jan-Feb;17(1):30-5. doi: 0.1097/IJG.0b013e31811243b4. Finally, some of the limitations of this study should be mentioned: the peripapillary RNFL was not measured (as in other studies), therefore the authors should omit referrals to optic nerve diseases in their manuscript. Also they used both eyes of each child, while it is more valid to use one eye of each participant. Finally, they did not perform biometric measurements (axial length) and the average spherical equivalent values are not given. In the conclusion, the statement that “there are no pediatric normative values for the Spectralis” should be modified, because there are very robust studies of Turk et al. and Yanni et al. (see above) regarding this matter.	This study was planned for only macular thickness. All patients had only a small refractive error not exceeding ± 3 diopters spherical equivalent. It is identified at Materials and Methods. ‘Axial length’ is added as a limitation of the study at the end of the Discussion section. We did not say “there are no pediatric normative values for the Spectralis”. We said “Spectralis OCT device does not have a normal database for pediatric patients”. We also used Turk et al study as a reference.
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<u>Minor</u> REVISION comments	Methods: please mention if the children were born at term. Please explain the abbreviation CRT. In the conclusion the authors mention that "Also some studies have shown differences in macular thickness with age [19]." I suggest omitting this sentence, because the present paper did not examine OCT differences with age, and in reference 19, also no relevant topic is discussed. The Ms would benefit by some English editing.	We revised the Materials and Methods. We added children were born at term.
<u>Optional/General</u> comments		