



SDI Review Form 1.6

Journal Name:	Ophthalmology Research: An international Journal
Manuscript Number:	2014_OR_12301
Title of the Manuscript:	Topical steroids, HIV status, CD4 cells and corneal health- a case report
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	<p>The observation that the pseudo-cornea formed after treatment with Gunderson's flap suture was interesting – however it is unclear if this is a standard surgical procedure for such cases. If the treatment is NOVEL then the paper warrants revision to emphasize this.</p> <p>The link between declining CD4 counts and steroid use requires further referenced discussion.</p> <p>A current review of the literature is required to support your hypothesis that synergistic effects may be measurable in a future study.</p> <p>No evidence or observation concerning CD4 counts were made by the authors for this case. Assumption and patient narration are not sufficient evidence for the report.</p> <p>Medical terminology should be used at all times and defined where necessary i.e. "quieter eye" i.e. subjective and must be defined.</p> <p>Drugs should have manufacturers listed and applications should be noted and categorised i.e antiviral, anti-inflammatory etc.</p>	<p>Necessary literature has been reviewed.</p> <p>Patient presented to our facility with the CD 4 cell result.</p> <p>Noted and rectified</p> <p>Noted and rectified</p>
Minor REVISION comments	Line number shown:	



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	<p>22 – define misuse, “a lot” is non scientific 24 – define innate mechanisms which may be modulated. 25 – needs reference,.....this is where a lit review is needed. 35-39 – categorise the drugs in terms of mode of action. Which ones are the steroids of concern in this case. 48 – misuse of tense, sickler is not a correct term 49 – misuse of tense 54 – essentially 82 – confusing use of word “paucity”, needs ref. 83-86 – assumption- form a hypothesis instead. 91 – define enabling environment 94 – suggest some pathology included in your multiple factors 99-100 – confusing language – what do you want the trail to study?? 104-106 – how does this relate to the case study if you have no evidence that the patient has HSV. 107 – refs needed. 111 – justify your use of steroids in the context of the study. 113 – Clad is not a scientific term, define “not entertained” 116 – what is the evidence for CD4 involvement in this case. You do not prove a link between CD4 decline and corneal melting, you have no measurement of CD4 levels. 118 – poor grammar.....is this treatment NOVEL.</p> <p>Figures: Arrows are required with annotation for the observed damage to the cornea and structures of the eye.</p>	<p>Line 22- done Line 24- in-born defence mechanisms which are not specific. Line 25-statement reframed by another reviewer and so may not need to be referenced. Line35-39-corticosteroids Line48-reframed Line49-...‘diagnosed with’ ... appears correct having cross-checked online Line 54-done Line 82-‘paucity’ as used means limited. This was our findings during literature search. Lines 83-86-noted Line 91- enabling environment as used is when the condition exist as to allow early occurrence of HIV complications. This has been modified. Line 94-the factors were mentioned in subsequent sentences: prolonged steroid use, herpes simplex, depleting CD4 cells. Lines 99-100-reframed 104-106-Herpes simplex keratitis is common in our environment. Most times its diagnosis is clinical and patients are often placed on Acyclovir. Line 107-already referenced 6-8. Line 111- the corneal had already perforated, we needed a few drops of supervised topical steroid under topical and systemic antibiotics to control post-operative inflammation. Line 113-terms changed Line 116- patient presented to our facility with a CD cell of 200cells/microlitre. The test was conducted at the HIV treatment centre. Line 118- grammar corrected. This study is not novel. However, it showed that at CD 4 cell of 200cell/microlitre, HIV patients could still have</p>
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		good corneal heading. In our set-up, ophthalmologists are apt to eviscerate in the face of melted corneal, massive uveal prolapsed and abysmally poor vision.
<u>Optional/General</u> comments	Typos must be corrected and the grammar of the report is weak.	Noted and it has been improved upon