



SDI Review Form 1.6

Journal Name:	Ophthalmology Research: An international Journal
Manuscript Number:	2013_OR_7026
Title of the Manuscript:	Dendriform patterns associated with Herpes Zoster Ophthalmicus Ophthalmoplegia
Type of the Article	Case Report

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	"Complete ophthalmoplegia includes ptosis " There are couple of articles reporting complete ophthalmoplegia with HZV associated with/without uveitis and keratitis http://synapse.koreamed.org/DOIx.php?id=10.3341/kjo.2005.19.4.302 http://www.ncbi.nlm.nih.gov/pubmed/19952908 http://www.ijdv.com/article.asp?issn=0378-6323;year=1990;volume=56;issue=6;epage=454;epage=455;aulast=Talwar http://www.jaoa.org/content/108/10/615.long http://www.hindawi.com/crim/ophthalmological.medicin/2012/854503/ http://content.lib.utah.edu/cdm/ref/collection/ehsl-nam/id/104 http://www.ncbi.nlm.nih.gov/pubmed?cmd=Link&dbFrom=PubMed&from_uid=18948645 How long the patients was kept on steroids and antiviral agents after the first episode. Were any prophylactic doses given?	Reviewer: "Complete ophthalmoplegia includes ptosis " Comment: We agree with the reviewer that complete ophthalmoplegia includes ptosis which was the presentation in our patient. This has been made added in the text. Reviewer: There are couple of articles reporting complete ophthalmoplegia with HZV associated with/without uveitis and keratitis Comment: We would like to thank the reviewer for his comments. As a matter of fact , the below mentioned article is our article which we published in 2009. http://www.ncbi.nlm.nih.gov/pubmed/19952908 This case report is unique as it shows different patterns of kerato-uveitic manifestations in a patient who had ophthalmoplegia. Reviewer: How long the patients was kept on steroids and antiviral agents after the first episode. Were any prophylactic doses given? Comment: The patient was on topical steroids 2 weeks from the presentation



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		on tapering doses as shown in Table 1. The patient was started on Oral acyclovir 400 mg bd only at 19th months, till last follow up at 53rd months. The prophylaxis was not started due to unilateral nature of disease and response to topical medication. The patient also refused long term systemic antivirals. The patient was on topical steroids (prednisolone acetate eye drops (1%)) initially, then with preservative free dexamethasone eye drops for 28 months in tapering and increasing dosages when the ocular inflammation occurred. The details have been provided in Table 1.
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Minor REVISION comments	Was the Dx based on clinical findings or on basis of positive PCR? Line 33 : definition of recurrence; Is it new dendriform or any corneal recurrence? Line 38: The high IOP was it by any chance related to the steroids use? Or uncontrolled primary attack of HZV which stayed long before Dx. The hypertensive keratouveitis invariably happen with HZV unless IOP well controlled glaucoma is associated. No comments on the patient's at presentation and last follow-up visual acuity, IOP, lens status, fundus exam must be mentioned. Status of the other eye? Length of follow-up?	Reviewer: Was the Dx based on clinical findings or on basis of positive PCR? Comment: The diagnosis was based on the clinical findings. PCR was not done. Reviewer: Line 33 : definition of recurrence; Is it new dendriform or any corneal recurrence? Comment: Dendriform lesions appeared at new locations during the course of the disease. Reviewer: The high IOP was it by any chance related to the steroids use? Or uncontrolled primary attack of HZV which stayed long before Dx. The hypertensive keratouveitis invariably happen with HZV unless IOP well controlled glaucoma is associated. Comment: Probably it was a combination of both. Reviewer: No comments on the patient's at presentation and last follow-up visual acuity, IOP, lens status, fundus exam must be mentioned. Status of the other eye? Length of follow-up? Comment: We have included the details in the case report. The total duration of follow up was 53 months from the initial presentation.
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<u>Optional/General</u> comments		
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