



SDI Review Form 1.6

Journal Name:	Ophthalmology Research: An international Journal
Manuscript Number:	2014_OR_9343
Title of the Manuscript:	Blurring of Vision, Diplopia, Giddiness - Do we need to Image?
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.

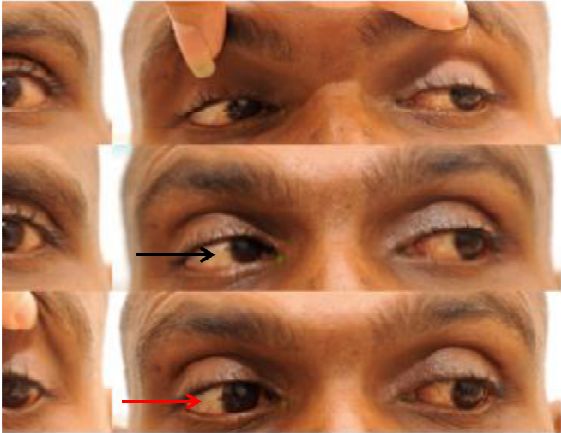
To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<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	The authors should adhere to the CARE (CAsE REport) guidelines. Further comments: Title: Inappropriate INTRODUCTION 1. Mention the purpose of this case report. CASE REPORT Line 39: Elaborate further on the onset of the problem. Line 41: How was his glycemic control? What medications was he taking? Any hypoglycemic episodes? Line 45,46: Was there any cataract? Has he any refractive error? Line 49: From figure 1, it seems that there is limitation in downgaze as well, most notable at levo-depression. s of gazes  During levoversion, the right eye seems to have slight upshot.	We have adhered to the CARE guidelines to our best capabilities. We have altered the title. 1. We have stated the purpose of the case report. Line 39: We have attempted to elaborate on the onset of the problem. Line 41: As the patient was followed up by a private general practitioner, we had no record of his glycemic control. We did not have the names of the oral hypoglycemic agents which the patient was taking. Patient denied previous hypoglycemic episodes. We have added these details in the text. Line 45,46: There was no cataract. We have clarified this in the text. Refraction was not performed. However, we understand that patient did not usually need to wear glasses. We have added these details in the text. Line 49: Thank you for pointing this out. Patient did have mild limitation in downward gaze. We have added this point in the text.



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	During levodepression, the position of the left eye is lower than the right eye. Please explain... Line 52-53: How about higher mental function? What is the score of his Mini Mental State Examination? What is the cause of his unsteady gait? Line 55: What are the differential diagnosis? Line 56: what were the indications for doing an angiography? Line 58: IF the cerebral peduncle was involved, how come there was no neurological deficit? The authors need to provide the MRI/ angiography scan for review. Line 59: Hyporeflexia of the upperlimbs and areflexia of the lower limbs are not consistent with Parinaud syndrome. How do you explain for the findings? Line 60, 61: Define normal blood pressure, borderline hyperlipidaemia and suboptimal control of diabetes. What were the electrolytes? Line 62-66: What about ESR and CRP? Line 68: What were the dosages for aspirin, enoxaparin and simvastatin? What was the indication for enoxaparin? Line 73-75: such marked improvement is not characteristics of stroke. Please explain.	We recognize that data shown in pictures do not always correlate with the clinical findings. We have made clear of this in the text. Line 52-53: Mini Mental State Examination was not performed. However patient scored 15 on the Glasgow Coma Scale. Unsteady gait could be attributed to his giddiness. Line 55: We have added a few possible causes for the patient's presentation. Line 56: He was a young patient and arteriovenous malformation could be ruled out. Line 58: It might be that the involvement was too small to manifest clinically. We have added in the images. Line 59: We agree with the reviewer and have removed the neurologist's findings to avoid the confusion. There might have been an error in the documentation or a mistake in the extraction of information. Line 60, 61: We have elaborated on and defined the parameters mentioned. Line 62-66: ESR and CRP were not performed. Line 68: We have added in the dosages for the medication. Only aspirin was started. Enoxaparin was not started. We have made the amendments. Line 73-75: We have discussed various factors which could have contributed to his favorable outcome.
<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments	Too many doubts in the case history	We have attempted to improve on the case history.