



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>)



SDI Review Form 1.6

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	1. Introduction : Kindly mention the reference for various etiologies of parinaud's syndrome 2. Case summary a. Vertical diplopia? Kindly explain how is it possible to have diplopia in gaze palsy? Whether there was skew deviation? If there was diplopia, whether it was for near vision or far vision or both? b. Please mention whether pin hole correction was done for testing visual acuity? If yes, what was the result? c. Instead of writing "There was no relative afferent pupillary defect" it is better to mention that light reflex was normal (direct as well as consensual) d. "Acute small infarct in the left medial thalamus, extending slightly into the left cerebral peduncle" Kindly provide the MRI of the patient. e. Kindly explain why patient was started on enoxaparin? Are there any recommendations for Low molecular weight heparin in thalamic stroke? 3. Discussion a. No mention of mechanism of parinaud's syndrome in thalamic infarct has been mentioned ? Kindly explain b. The thalamic infarction or haemorrhages are known to produce the convergent gaze "peering to nose" sign? Can this phenomenon be explained on similar lines? Figure: It will be better label each figure as a, b, c, and so on, so that ocular findings can be explained in a better way to the readers. Is there esotropia in the left eye in the figure shown?	1. We have added in the relevant references. 2. a. Diplopia and blurring of vision were the patient's presenting complaint. There was diplopia for both near and far vision. Unfortunately, skew deviation was not investigated. We have added these points in the text. b. We have added in the pinhole correction. c. We have added it in as suggested. d. We have provided the MRI images. e. The patient was actually started on only aspirin and not enoxaparin. We apologize for the error and have made the amendment. 3. a. Thank you for pointing this out. We have added discussion on this important point. b. Peering at the tip of the nose sign is a unique feature of thalamic hemorrhage, but little is known about the underlying mechanism. In any case, our patient did not have this sign, perhaps due to the relative small size of the infarct and affected area. Thank you for your helpful suggestion. We have made the amendments. We understand that acute esotropia has been described with contralateral thalamic infarction in the territory of the



SDI Review Form 1.6

	Thalamic lesions are known to present as ipsilateral esotropia? Kindly update the description of ocular findings in the legend. Add best possible sections of images of MRI brain of this patient with atleast T1, T2 FLAIR, DWI and ADC images to demonstrate an acute infarction in the thalamus	mesencephalic artery. However, this patient had no esotropia in the left eye. We recognize that the data shown in pictures do not always correlate with the clinical examination. We have made clear of this point in the text. Figure legend has been updated. We have added the relevant MRI images.
Minor REVISION comments		
Optional/General comments		