



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)
<u>Compulsory</u> REVISION comments		
<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments	The author's report a single case of Parinaud's syndrome associated with an infarction of the posterior medial thalamus in a young person. The title of the paper suggests that patient giddiness is a significant component of the case, but the authors do not include a description of the giddiness or a discussion of the the mechanism of giddiness as it related to cerebral infarction or Parinaud's Syndrome. The authors provide no imaging of the thalamic lesion, but their title implies the importance of imaging. They do not discuss long-term outcome for the patient, other than to indicate the symptoms and signs resolved after several days. Parinaud's Syndrome is a well-described neuro-ophthalmological constellation of signs and symptoms, but the authors provide only a few references. This case adds little to existing literature or to our current understanding of Parinaud's Syndrome. The author's main points – that ophthalmologists should be aware of the implications of Parinaud's Syndrome and that imaging should promptly follow such a diagnosis – are important, but are common knowledge.	We agree with the reviewer and have hence changed the title of the paper. We apologise for missing out the MR images, and have added them in. We have added discussion on the long-term outcome for the patient. We have provided more references and added more discussion on the signs and symptoms of this syndrome In addition to highlighting the importance of the role of ophthalmologists, Parinaud syndrome has been well associated with midbrain lesions but more rarely associated with seemingly isolated thalamic lesions. We have provided a case to further support limited existing literature on the latter point.