



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 presented a case of dorsal midbrain syndrome associated to acute small infarct in the left medial thalamus in a male with a 3 day-duration history, which was not diagnosed at the Emergency Department. The case report would benefit from a thoroughly discussion regarding the stratification of patients that should undergo neuroimaging studies for prompt diagnosis. Please find below additional issues for consideration: The name Parinaud syndrome is no longer used, instead the condition is known by dorsal midbrain syndrome. It is important to show the magnetic resonance images and angiography of the brain to locate and assess the extent of brain stem lesion. In addition, the pattern of injury also suggests possible pathogenic mechanism and provides information about outcomes and prognosis.	Thank you for your invaluable suggestion. We have included discussion on the group of patients who should undergo neuroimaging studies. Thank you for highlighting this. We have now made clear of this in our article. We agree with the reviewer, and have added in the radiological images. We have highlighted in the manuscript that data shown in the pictures do not always correlate with the examination as the reviewer had rightfully pointed out.



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	It is important to highlight that data shown in the pictures not always correlate with the examination. Looking at the pictures there seems to be impairment in downgaze, which may co-exist in the dorsal midbrain syndrome. It is not clear if there is, or not, impairment in downgaze or the patient was not able to collaborate to the photos, please clarify this point in the text. Despite the description, the convergence-retraction nystagmus is not true nystagmus as shown by eletroculographic studies, since there is no true slow phase. It is a co-contraction of the medial rectus muscles as a result to an effort to upgaze. This issue should be discussed by the authors. This vertical palsy is supranuclear, so one may expect preserved Bell's phenomenon and doll 'head maneuver to elevate the eyes. Were theses clinical signs investigated by the authors? Regardless of the investigation, this issue deserves to be mentioned in the discussion.	There was indeed mild restriction in downward gaze, which has been clarified in the text. We have added this valuable learning point in our discussion. Thank you for pointing this out. Doll head's maneuver did elevate the eyes. Bell's phenomenon was not investigated. These have been added in the text and also mentioned in the discussion.
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	Please add in the discussion factors associated with prognosis. Please note that lid retraction on attempted upgaze is called Collier's sign (there is no reference in the text, only in pictures). In lines 140, 143, 147 and 157 of References, authors should remove comments regarding the language of the manuscripts. Please clarify whether in the text and Figure 1 if there is convergence with horizontal saccades. Presently is rather confusing.	We have added in as suggested. We have added this in the text. The comments on the language have been removed as suggested. We apologize for the confusion. There was indeed convergence with horizontal saccades. We have added this in the text. To avoid confusion, we have simplified the legend for Figure 1.
<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments		