



SDI Review Form 1.6

Journal Name:	Ophthalmology Research: An international Journal
Manuscript Number:	2014_OR_9904
Title of the Manuscript:	Squamous Cell Carcinoma of the Lacrimal Sac
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)
<u>Compulsory</u> REVISION comments	1. On presentation, the patient had an large and rubbery mass, extending above the medial canthus and there was no signs dacryocystitis. Why the diagnosis of dacryocystitis was made and antibiotherapy was given? The diagnosis of orbital mass was obvious in such a case. 2. The MR images of the case was not available with the paper, why? It is very unusual that a solid, orbital mass was commented as dacryocystitis. Minimal enhancement of a malign tumor with the contrast material on MR study is also very unusual. The readers would like to see such an extraordinary radiological presentatiton. 3. The size and anatomical extentions of the lesion should be given. 4. It would not be appropriate to make a specific diagnosis of SCC based on frozen biopsy. A definitive diagnosis of SCC requires paraffin section exam of the surgical specimen. 5. I think that it would not be either possible or appropriate to achieve a total excision of such a large lesion via external DCR incision. A medial orbitotomy should have be done with a skin incision much longer than ext DCR incision. It is	1. At first we did not perform MRI so the diagnosis of mass was not obvious at that time and we gave antibiotherapy. 2.MR images were added to the paper. 3.The size were given. There was not any anatomical extension. 4.We also made the diagnosis of SCC with paraffin section. 5. We initially thought about external DCR incision but at the time of operation we decided to do medial orbitotomy. We also did not see any invasion to the neighbour



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	unappropriate to describe the surgical method as dacryocystectomy or lacrimal sac removal. The external photographs of the patient and excised lesion show that such a tumor could not be confined within the sac. 6. In this case, the most appropriate approach could be orbital exanteration after confirming the diagnosis with an incisional biopsy. The other methods can not achieve a tumor control for a neoplasm like SCC which may show an aggressive and fatal course. Postoperative RT would also be necessary. 7. This case report would not be educative for readers, because of poor presentation and management of the patient.	area grossly and there was not any erosion on the bone. 6. You are extremely right but the patient did not accept such a therapy modality because of her age and general condition. We explained everything about her disease but she also did not want to have radiotherapy. She only wanted to get out of that mass. However during follow up we did not see any sign of local or distance metastasis.
<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments		