



SDI FINAL EVALUATION FORM 1.1

PART 1:

Journal Name:	Ophthalmology Research: An international Journal
Manuscript Number:	2013_OR_5564
Title of the Manuscript:	Unilateral proptosis due to orbital malignancy and synchronous carcinoma elsewhere

PART 2:

FINAL EVALUATOR'S comments on revised paper (if any)	Authors' response to final evaluator's comments
I still have problems with the authors' presentation: 1. The location of the orbital mass and the direction of proptosis do not tally 2. This tumour in the orbit needs to be classified as to whether it is lymphoproliferative or metastatic(and from where). 3. The conclusion in abstract is that of metastatic while the histology is describing lymphoproliferative disease 4. The authors should read through their paper and correct every error raised if they appear elsewhere in the article. For instance, the minor error pointed out in first review is recurring in the abstract and the final conclusion	1. The mass on CT scan was in the extraconal and intraconal space, lacrimal gland could not be seen separately.. Orbital mass was CLL/SLL 2. The tumor in the orbit is lymphoproliferative. The tumor in the stomach is adenocarcinoma. These are two unrelated tumors of different etio-pathogenesis. 3. The conclusion in the abstract is a mistake and it is rectified. 4. We apologize for the inconvenience. We have changed it now.

Reviewer 1	Authors' response
1. the English was improved, there are still several mistakes, specially in pontuaction. 2. for a high power view of the picture it is not necessary another slide. it can be done with the same slide. This would improve a lot the quality of the manuscript. 3. in my opinion it would be nice to know what happened to the patient, if he had surgery, and if yes, what was the lymph nodes, adenocarcinoma or lymphoma or nothing? that is one question that everybody who reads the manuscript would like to know. if no surgery was done, explain why not. overall, it is an anedoctal case report that is interesting.	1. Corrections made as per the request. 2. High power view of picture of gastric malignancy provided. Figure 4a (200x) magnification. It was provided with the earlier revision itself. however by mistake it was wrongly mentioned in the Author's response. We apologize for the inconvenience. 3. Patient was extensively worked up and was evaluated for anesthetic work up for subtotal gastrectomy for gastric adenocarcinoma. His CLL/SLL was in stable phase and hence no chemotherapy was planned. However, the patient did not turn up for surgery and is lost for followup.