

Final Evaluator's comments on revised paper*The title of this case report has been modified; and it's much more appropriate for eligibility for publication in this journal.*

We thank the reviewer. The title has been changed to **"Remission of Multiply Recurrent Dendriform Keratitis in Herpes Zoster Ophthalmicus after Long-term Oral Acyclovir Therapy"** to further emphasize the main message of the article.

I acknowledge that the authors have complied with the Reviewer's Comments of SDI Review Form 1.6, albeit it is advisable to define HZO at first use in abstract and also indicate the involved eye in abstract (as in line 61).

This has been changed in the abstract as follows: **"Dendriform keratitis is a recurrent sequelae of herpes zoster ophthalmicus (HZO)."**

The involved eye has also been stated: **"A 76-year-old immunocompetent Indian male with HZO developed left eye keratouveitis, uveitic glaucoma and superior orbital fissure syndrome."**

Delete numbers (1,2 and 3) under Results in abstract.

This has been modified accordingly: **"The spectrum of corneal epithelial lesions included: lacy branching pseudodendrites without true terminal bulbs, thickened grayish epithelium resembling mucous plaque keratitis, and dot-like epithelial erosions or superficial punctate keratopathy in a linear configuration."**

Acyclovir wrongly spelt in several places, including abstract, keywords and line 110).

The spelling for acyclovir has been standardized to "acyclovir" throughout the manuscript and table.

Define MRI in line 89, IOP in line 113, 114.

These have been changed as follows:

“Magnetic resonance imaging revealed changes consistent with old infarcts in the corona radiata, but no abnormalities were seen in the cavernous sinuses, orbits, meninges cranial nerves or orbit.” (Lines 77-79)

“intraocular pressure remained consistently ≤ 21 mm Hg on 3 IOP medications” (Lines 99-100)

What are VZV and VZV DNA in lines 137, 141 and 143? What is HSV in line 167?

These have been spelled out in full in the first instance, and abbreviated subsequently.

“late complications in our case, i.e. recurrent varicella zoster (VZV) dendriform keratopathy” (Line 118)

“In herpes simplex virus (HSV) concurrent epithelial and stromal keratitis, steroids are typically not started before closure of the epithelial defect, for fear of viral reactivation.” (Line 144)

Table 1 only makes case report lengthier and adds little to the context.

We thank the reviewer for this suggestion. However we feel that Table 1 succinctly summarizes each recurrence, the corneal morphologic features, and treatment administered clearly. This table has also been made more concise as follows.

Table 1. Timeline, Profile and Treatment of Recurrent Dendriform Keratopathy in Herpes Zoster Ophthalmicus

Timeline	Morphology of Dendriform Keratopathy	Stromal Keratitis	Anterior Uveitis	Topical Acyclovir 3%	Topical Steroids	Systemic Acyclovir	Time to resolution of corneal epithelial lesions
Index presentation	PEE	No	Yes	No	G. Prednisolone acetate 1%	IV acyclovir 500 mg TDS	1 month
4	Paracentral thickened	No	Yes	No	G.	No	1

months	epithelium in dendriform pattern				Prednisolone acetate 1%		month
5.5 months	Central stellate dendriform lesion with lacy branches	No	Yes	No	G. Dexamethasone 0.1% (Preservative-free)	No	2 months
9 months	Inferior dendriform lesion with pseudo peripheral bulbs, thickened epithelium	No	Yes	Yes	G. Dexamethasone 0.1% (Preservative-free)	No	2 months
15 months	Circinate paracentral dendriform lesion involving superior and inferior cornea, PEE	No	Yes	Yes	G. Dexamethasone 0.1% (Preservative-free)	No	6 weeks
19 months	Coarse SPK in linear configuration	No	No	No	G. Dexamethasone 0.1% (Preservative-free)	Continued on oral acyclovir 400	1 month
28 months	PEE	No	No	No	No	mg BD prophylaxis from Month 19 to Month 40	3 weeks
53 months	Clear cornea	No	No	No	No	No	-

Abbreviations: PEE, Punctate epithelial erosions; BD, Twice a day; TDS, Three times a day; IV, Intravenous