



SDI Review Form 1.6

Journal Name:	Ophthalmology Research: An international Journal
Manuscript Number:	2013_OR_5564
Title of the Manuscript:	Double malignancy manifesting as unilateral proptosis
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	Change the title. By the title, it seems that there are 2 metastatic diseases to the orbit. However, patient had only lymphoma in the orbit. But was found also a gastric carcinoma (non-metastatic to orbit). English review. For example, 7th line: "Thorough review of literature" is better change to "literature review". Another example: "and we did not get any reference in literature search" Better change to "No reference was found" Please, do a revision of the entire text with an English speaking native. 7th line: What author's want to say with secondaries? Metastasis? If this is what they want to say, change to "metastasis". Also, the lymphoproliferative disorders can be systemic or localized. Line 12: right eye can be changed to (OD) and you can use OD in the entire text. Lines 17,18,19: "The lymphoid cells were negative for Cyclin D1 and CD3 while the rest of the markers were positive confirming the diagnosis of small lymphocytic lymphoma. ". This does not add much to the diagnosis. On the abstract, it is better to say "Immunohistochemical study confirmed a diagnosis of small lymphocytic lymphoma". Line 29: the same as line 7. Line 30-31: "The reported carcinomas	



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	metastasizing to the orbit have primaries from breast" Change to: The most common primaries carcinomas metastasizing to orbit are from breast, lung, ... Line36: the same as line 7. Line 49: "stratified squamous epithelium with " this can be omitted as there is no picture of lachrymal gland itself. Just conjunctiva. Authors could just say "lachrymal gland and conjunctiva infiltrated by..." Do the same in the abstract. Line 55: It is protocol to look for other sites of lymphoma after the diagnosis, for staging. Therefore, authors should change the line 55 to emphasize this. Line 58: What was the endoscopic appearance of the lesion? Did they suspect of a primary gastric carcinoma? Was there a mass? This is important because the US showed diffuse thickening of the gastric wall. Usually, intestinal type adenocarcinoma is a mass and not this appearance. What gives this appearance is lymphoma or signet ring type adenocarcinoma. It is important to comment on the stage of the stomach cancer. Did it infiltrate all the wall? The lymph nodes that were increased by US revealed lymphoma or metastatic adenocarcinoma? Discussion: Line63: the same as line 7 Line 64: please, check this information. As I told, orbit can be affected by lymphoma, localized or systemic. Lines 65-66: Most important than comment on the T cell lymphoma is to comment that orbital lymphomas are mostly Marginal cell type, MALT. Your case is a small lymphocytic lymphoma. Line 68: "Orbital lymphomas and secondaries to the orbit " Please, review this sentence. I could	
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	not understand. Line 73: “ secondaries “ change to metastasis. And do it to the entire text. Conclusion Authors should change the conclusion to emphasize the case, that is orbital malignancy with a synchronous carcinoma elsewhere. Figure 2: Authors should edit the figure and put the area of interest. Fig 3 and 4: legends are wrong. On fig 3 it is saying fig 1, and on fig 4 it is saying fig 2. Fig 4. It is difficult to appreciate the tumor on that magnification. I suggest take a closer view of the tumor (10x or 20x).	
<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments		

Note: Anonymous Reviewer