



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>)



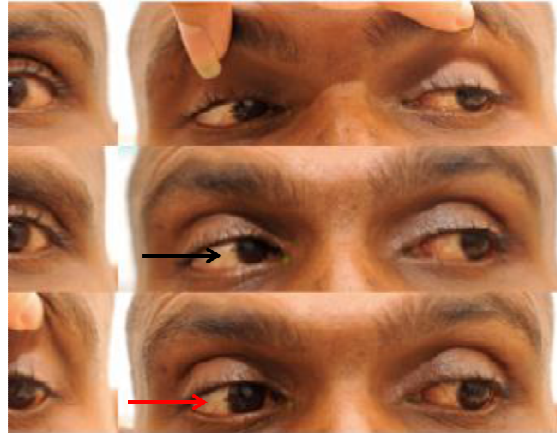
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PART 1: Review Comments

	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 should adhere to the CARE (CAsE REport) guidelines. Further comments: Title: Inappropriate INTRODUCTION 1. Mention the purpose of this case report. CASE REPORT Line 39: Elaborate further on the onset of the problem. Line 41: How was his glycemic control? What medications was he taking? Any hypoglycemic episodes? Line 45,46: Was there any cataract? Has he any refractive error? Line 49: From figure 1, it seems that there is limitation in downgaze as well, most notable at levo-depression.	

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s of gazes



During levoversion, the right eye seems to have slight upshot.
During levodepression, the position of the left eye is lower than the right eye.
Please explain...

Line 52-53: How about higher mental function?

What is the score of his Mini Mental State Examination?

What is the cause of his unsteady gait?

Line 55: What are the differential diagnosis?

Line 56: what were the indications for doing an angiography?

Line 58: IF the cerebral peduncle was involved, how come there was no neurological deficit?

The authors need to provide the MRI/ angiography scan for review.

Line 59: Hyporeflexia of the upperlimbs and areflexia of the lower limbs are not consistent with Parinaud syndrome. How do you explain for the findings?



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	Line 60, 61: Define normal blood pressure, borderline hyperlipidaemia and suboptimal control of diabetes. What were the electrolytes? Line 62-66: What about ESR and CRP? Line 68: What were the dosages for aspirin, enoxaparin and simvastatin? What was the indication for enoxaparin? Line 73-75: such marked improvement is not characteristics of stroke. Please explain.	
<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments	Too many doubts in the case history	

Note: Anonymous Reviewer