



SDI Review Form 1.6

Journal Name:	Ophthalmology Research: An international Journal
Manuscript Number:	2013_OR_8098
Title of the Manuscript:	Role of Magnetic Resonance Imaging in Herpes Zoster Ophthalmicus Ophthalmoplegia
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	This interesting and informative report could be presented more clearly. 1) Isn't symmetric visual acuity unexpected when one eye has keratitis? Comment? 2) Instead of "Hutchinson sign," why not say "interstitial keratitis" (if that is what the author means)? Some readers will not know the eponym, and others will associate it with syphilis. 3) What is a "dendritic epithelial ulcer"? 4) Figure 2 is difficult to interpret on my reproduction, but it and the Hess screen seem to show decreased elevation whether the right eye is abducted or adducted, reflecting weakness of both superior rectus and inferior oblique. The imaging, however, showing enhancement of superior and inferior rectus, would predict decreased elevation and depression maximal during abduction. Moreover, pupillary involvement implicates inferior division involvement. Do these dissociations, reflecting the combination of myopathy and neuropathy, merit specific comment?	



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	5) The Discussion refers to “ophthalmoplegia” as “a transient self-limited condition,” but all we know about this patient is that after 8 weeks she was “improved.” What improved, and to what degree? Was her recovery eventually complete? 6) The Abstract says that either neuropathy or myopathy as seen with this patient can be diagnosed with CT. Nothing in this report supports that conclusion, and I doubt that this patient’s thickened enhancing oculomotor nerve would have been detected by CT. Does the 1977 reference (ref 8) provide such an example? 7) The last sentence of the Introduction says that cases with MRI-confirmed combined neuritis and myositis “have rarely been reported. Can the author provide a reference? 8) The English needs work. For example, in the Introduction, “While...or MRI,” is a non-sentence.	
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<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments		

Note: Anonymous Reviewer