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From: XXX YYY<xxx@yyy.zzz>

Sent: Thu, Aug 7, 2014 at 7:47 PM

To: Managing Editor

Subject: RE: Request for evaluation of revised paper, reference number: 2014_OR_12474

We have received your request for additional review of the manuscript: "Immune Reconstitution Inflammatory Syndrome (IRIS) Presenting As Bilateral Severe Granulomatous Sclerouveitis In A HIV-Infected Patient With Mycobacterium Tuberculosis Infection: A Case Report", and feel that eventhough authors have made changes to their work, there are still some unanswered questions and that there are still some crucial issues such as: what was the excluding criteria concerning VZV?

Seeing that the patient had: "recently been treated for herpes varicella infection" and "best corrected right vision was 6/9 and left eye was counting fingers"; "Both eyes were congested and inflamed. Anterior segment examination of both eyes showed presence of mutton-fat keratic precipitates, extensive posterior synechiae and anterior chamber cells, which was more severe in left eye. There was active necrotizing anterior scleritis involving the inferonasal quadrant of the left eye (Figure 1). Both lenses were clear. There was mild vitreous inflammation in right eye. Left eye vitritis was more severe causing poor visualization of fundus. Intraocular pressures were normal in both eyes. Right funduscopy showed hyperemic optic disc with presence of choroiditis, but there was no evidence of choroidal tubercle. B scan of the left eye revealed moderate vitreous opacities. Fundus fluorescein angiogram of the right eye showed an inflamed optic disc, vasculitis, choroiditis and cystoid macular edema"; "Based on the recent history of herpetic infection prior to the onset of ocular symptoms, he was initially diagnosed with bilateral granulomatous panuveitis secondary to herpetic infection".

So, how and why was the initial diagnosis and/ treatment abandoned and patient treated as a case of TB alone. His vision had not improved, and there were still visible signs of uveitis present which would suggest that it was VZV sclerouveitis which had then reactivated upon patents' immune recovery.

When looking at immune disorders Mantoux testing is of little relevance seeing that treatment agents themselves play a role and may provide inadequate results.

Positive findings concerning lymph nodules cannot indicate that uveitis is tuberculous in nature which is further supported by the fact that the patients' visual efficiency had not improved, it had in fact worsened. I.e. I am of the opinion that this patient had opportunistic TB cervical lymphadenopathy.

To conclude, I am of the opinion that there are a still a few issues regarding this material, and that the authors need to be a bit clearer in their understanding of uveitis, sclerouveitis, inclusion/exclusion diagnostic criteria, and IRU.

Note: Anonymous Reviewer

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