



SDI Review Form 1.6

Journal Name:	Ophthalmology Research: An International Journal
Manuscript Number:	2015_OR_17730
Title of the Manuscript:	Bilateral Endogenous Endophthalmitis As An Initial Presentation of <i>Klebsiella Pneumoniae</i> Bacteremia in Advanced Hepatocellular Carcinoma
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		
<u>Minor</u> REVISION comments	This is an interesting and original case study reporting Bilateral Endogenous Klebsiella Pneumoniae Endophthalmitis. A small number of cases of endogenous bacterial endophthalmitis due to Klebsiella pneumoniae, a gram negative organism, have previously been reported, with the majority of the cases originating in Taiwan. K pneumoniae endophthalmitis is associated with diabetes mellitus and hepatic abscesses, can be bilateral, and is also associated with a poor visual outcome. Minor comments of this case report deserve to be mentioned. -Do you have follow up of this patient? -Did you find resolve the systemic infection? -I am concerned about the number of intravitreal antibiotics doses...did you reach control the intraocular infection? -Did you use intravitreal or topical steroids? You did not mention it. -Maybe early posterior vitrectomy with local anesthesia could improve the outcome. -There are several spelling mistakes in the manuscript, you need to place spaces separating words	Thank you for your kind comments and suggestions. -This patient was unable to return for follow up. He passed away 3 weeks after discharge. Within this time frame, there was no worsening of eye infection according to wife and palliative team who paid home visits. I have added "Our patient eventually succumbed to liver failure secondary to advanced hepatocellular carcinoma three weeks after discharge. He had no evidence of worsening ocular infection within this period however." to line 86-88 -Resolution of systemic Klebsiella bacteremia is best supported by him remaining afebrile since day 2 of admission together with 2 sets of negative blood cultures. As suggested, I now mention, "as he remained afebrile and blood cultures twice repeated were negative" in line 83. -The managing team would have liked to continue the intravitreal antibiotic injections, however the patient and his family were not keen. Despite discontinuing intravitreal injections and being on topical antibiotics (and steroids) + IV antibiotics alone however, there was no worsening in eye signs or symptoms to suggest uncontrolled ocular infection. I have also added: - "By two weeks, there was clinical improvement noted as evidenced by gradual resolution of the conjunctival inflammation, hypopyon and fibrin. (Fig. 2a and 2b) Our patient also reported drastic reduction in eye pain." to lines 68-71 - "since ocular infection appeared to be under control" to lines 84-85.



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		-Thank you for pointing this out. He was started on G.Pred Forte 4 hourly. Intravitreal steroids were not given, as there is inconclusive evidence in the literature to do so. I have included “Topical steroids 4-hourly were also commenced” on line 68. -The authors agree with this suggestion, however bilateral PPV under local anaesthesia could potentially be uncomfortable for him, given the estimated operation duration. Furthermore, the patient was not keen for surgical intervention under local or general anaesthesia. I have added: - To lines 64-66 “Surgical option of bilateral vitrectomy was offered to the patient however was declined due to the high risk from general anaesthesia, and the patient’s unwillingness to undergo the surgery under local anaesthesia.” - To lines 155-157 “Perhaps early posterior vitrectomy under local anaesthesia could have improved visual outcome in our patient.” as suggested. -I apologize for the spelling errors. Corrections have been made and highlighted throughout the manuscript.
<u>Optional/General</u> comments		