



SDI Review Form 1.6

Journal Name:	<u>Ophthalmology Research: An International Journal</u>
Manuscript Number:	2015_OR_17879
Title of the Manuscript:	Peculiar case of orbital emphysema caused by high-pressure water jet
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	1. The authors said "Our case, with the lack of significant anterior globe injuries, the presence of lower lid laceration indicating the main force of impact, suggests that the inferior orbital rim received the bulk of the force from the water jet. The pattern of injury, i.e. small anterior floor fracture without rim fracture helps to validate current theoretical knowledge known about the buckling theory.", but the case had a number of injuries of the eye including subconjunctival hemorrhage and commotion retinae, which indicating the presence of high impact to the ocular globe and are usually in case of orbital floor fracture caused by hydraulic mechanism. What are the author's thoughts on that? 2. Did the authors examine MRI scans for a qualitative diagnosis of the optic nerve injury or something? The case had poor VA and a history of high-impact trauma to the orbitae. In addition, MRI provides us some important suggestions in orbital fracture.	We would like to thank the reviewer for their comments. 1. The reviewer has a point. Amended line 89-90, page 5 to be less assertive and postulate that although both mechanism might be present, the location of fracture suggest that buckling mechanism is predominately the cause. 2. There was no indication MRI as clinical examination was not suggestive of optic nerve injury as evidenced by a full color vision in both eyes, with the absence of a relative afferent pupillary defect (added in the case presentation line 31 page 1). MRI is not needed to diagnose optic nerve injury in the absence of optic nerve signs. MRI is not as sensitive as CT scan for delineating bone fractures. CT is the imaging modality of choice for bony structures. The poor VA is likely due to the commotio retinae (shown in the Fig 1b) present at the macula region that subsequently resolved with full recovery of vision.
<u>Optional/General</u> comments		