



SDI Review Form 1.6

Journal Name:	<u>Ophthalmology Research: An International Journal</u>
Manuscript Number:	2015_OR_18295
Title of the Manuscript:	Sudden loss of vision associated with use of systemic non-steroidal anti inflammatory drugs.
Type of the Article	

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	- I have read with interest your manuscript. - On page 1 in abstract section Instead of the sentence " Non-steroidal anti inflammatory agent has long been used in ocular therapeutics as a result of its effect on fever, pain and inflammation coupled with the undesirable side effects of steroids in ophthalmology." you should use " Non-steroidal anti inflammatory agents has long been used in ocular therapeutics as a result of its effect on inflammation" because ophthalmologist don't use this agents for fever and pain. - On page 1 line 12 in abstract section you should add word "oral" " oral NSAIDs....." - On page 1 line 12 in abstract section the sentence " who presented with 4 days history of inability to see in the right eye" should revised as " who presented with 4 days history of visual loss in his righte eye" - On page 4 line 73 -74 should be revised in the same way - On page 1 line 15 you should add the word "fundus" at the beginning of the sentence " fundus examination" - you also control your keywords from www.nlm.nih.gov/mesh/MBrowser.html.	



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	you should change your key worlds - On page 2 line 29-30-31 in introduction section the sentence “ There strong effect on fever, pain and inflammation coupled with the undesirable side effects of steroids in ophthalmology has made NSAID popular in ophthalmic therapeutics.” You should clarify the sentence. - On page 2 line 29-30-31 in introduction section the sentence “ is an abnormal presence of blood in the retina. It follows a number of situations such as presence of abnormal vessels that bleed easily such as found in diabetes” you should revise the sentence as “ Retinal hemorrhages follows a number of situations such as presence of abnormal vessels that bleed easily such as found in diabetes” - On page 3 line 52-53 in introduction section The sentence “ Hemorrhage can be pre-retinal (on the surface), sub retinal (below the retina) or intra retinal (within the retina) sholud revised as “Hemorrhage can be pre-retinal, subretinal or intraretinal” - “Non steroidal anti inflammatory drugs (NSAID) have a strong effect on fever, pain and inflammation” This phrase was repeated many times in the article. You should not repeat this phrase - The figure that you present looks like Subhyaloid preretinal hemorrhage. Subhyaloid and preretinal hemorrhages are associated with pathology affecting the major retinal vessels or the superficial capillary beds. The most commonly associated etiology is retinalneovascularization. Posterior vitreous detachment and retinal breaks, associated with the tearing of a major retinal vessel, are also possible	
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	causes of these hemorrhages. Other less common causes include: Terson's syndrome, retinal trauma and valsalva retinopathy. Because the same etiologies cause both hemorrhages, the inability to differentiate between the two doesn't affect management. Because of this differential diagnosis list should be made for each . - You should give USG picture for differential diagnosis	
<u>Optional/General</u> comments		

Reviewer Details:

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