Author's response to reviews

Title: The outcome of surgical management for Giant Retinal Tear more than 180 degrees

Authors:

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Version: 4 Date: 5 June 2014

Author's response to reviews: see over
Re: Cover letter GRT

Dear Sir,

Thank you very much for your email and thanks to all the reviewers for very constructive suggestion of my paper. Here is my point-wise reply to your comments. The revised text in the manuscript is underlined.

Reply to the editor

1. A giant tear of more than 180 degree is rare. Therefore, if you conduct this study prospectively, it will take extremely long time (probably more than a decade) to enroll 24 patients of such cases. I think you should have retrospectively reviewed the patients’ charts. I think you better replace “prospectively” with “retrospectively.”

Answer: Actually in our university hospital we make retinal surgery for about 7–9 governorates from Egypt with a population of about 23 million. We have a lot of retinal detachment patients including giant breaks. I extended the period of the study to be from June 2005 to May 2013.

2. You used plural pronouns to refer to yourself. If there are other authors who participated in this study, please include the authors’ names in the author list.

Answer: Although this paper is authored by me, the work has been made in our group, where I received assistance from others. That is the reason I have used plural pronoun.

Reply to Reviewer no. 1

Thank you very much for your valuable revision and here are the answers.

Abstract:

Comment 1: Please mention it is a prospective study in the method section.

Answer: It was added that it is a prospective study.

Comment 2: Preoperative and postoperative visual acuity also mention the mean follow-up period.
Answer: The pre and postoperative visual acuity as well as the mean follow-up period were added to the results section of the abstract.

Comment 3: Conclusions, last sentence: be careful with the expression/conclusion that buckling is recommended: your study was not comparative! (RCT vitrectomy-oil + buckle vs only vitrectomy-oil). But your study demonstrates that PPV + oil combined with buckling results in (very) good outcomes (Perhaps better than others).

Answer: The last sentence in the conclusion section was modified to “In this complex procedure, concurrent encircling buckle the primary intervention may contribute to high chance of success.”

**Background:**

Comment: Is it true that giant retinal tears had a PVD?

Answer: This sentence was omitted from the paragraph

**Methods:**

Page 4: Surgical technique

Comment 1: You mention that the encircling equatorial band was not tied: Why? Is it preferable to tie it at some points so that it remains at the desired location? Do you use glue? Then mention it.

Answer: The band was not tied at that moment but later on after doing vitrectomy and the retina was flat under the PFCL. This was mentioned in page 5 but was clarified at this paragraph too. The rationale for that was to avoid much elevation of the intraocular pressure (IOP) before starting vitrectomy or production of retinal folds if the IOP is low.

Comment: You used silicone oil 5000 Cs: Can you tell us if 1000 Cs a viable option.

Answer: Of course, silicone oil 1000 Cs is a viable option but I usually use 5000 Cs in such cases as less incidence of emulsification.

**Results:**

Comment 1: I was wondering, was there a PVD in a child of 15? You used kenacort, so it would be seen; my experience is that in this case, there isn’t a PVD.
Answer: Actually, it is rare to see a PVD in such age, but in this child it was there. This might be attributed to trauma, and trauma is one of the predisposing factors to PVD. I used kenacort intraoperatively in all cases.

Comment 2: I was surprised that the visual acuity of patients with macula-on (three patients) was low: 0.15 and 0.05. Can you explain this? Was there a preoperative OCT?

Answer: In these three eyes, there was a concurrent vitreous hage either due to trauma or PVD and no OCT was performed.

Reply to Reviewer no. 2

Thank you Sir for your valuable revision.

Minor essential revisions

1: Throughout the article, the author uses plural pronouns to refer to himself.

Answer: Thank you very much and this was corrected.

2: Complications must be written in a separate paragraph.

Answer: Done.

Major compulsory revisions

Comment 1: No data are provided about timing of silicone oil removal and duration of follow-up of patients after silicone oil removal. Follow up of six months after primary surgery means that there is less follow-up time after silicone oil removal for some patients and as we know, most redetachments occur within the first six months of SO removal, so this time seems inadequate for judgment about success of surgery.

Answer: Silicone oil was removed in all eyes 4–6 months after primary surgery as mentioned in the section of surgical technique page no.5. The follow-up period stated in the table was after silicone oil removal, which ranged from 6–26 months.
Comment 2: It is stated that two of the eyes had partial retinal redetachment under silicone oil. The cause for redetachment in these two eyes is not stated: PVR, silicone oil under-filling, or anything else? It is not clear whether these two eyes reattached with only additional laser treatment and silicone oil reinjection, or the surgery was complemented by other procedures, such as membrane peeling and retinotomy.

Answer: In those two eyes, the cause of redetachment under silicone oil PVR. They were managed by silicone oil removal, membrane peeling, endolaser photocoagulation and re-injection of silicone oil. This was clarified in the results section.

Comment 3: It is very strange that two eyes with silicone oil removal within a reasonable time after primary operation developed glaucoma unresponsive to medical treatment necessitating surgery. The reader is eager to know the cause and it is better to provide a brief explanation in this regard.

Answer: I agree it is strange but in these two cases it is possible that they already had glaucoma, which was masked by the presence of retinal detachment. Especially, they had persistent IOP elevation during the period of silicone oil tamponade. Moreover, there are some reports about development of glaucoma after oil removal. Franks and Leaver (1991) reported occurrence of glaucoma in 3 out of 120 phakic eyes after silicone oil removal.


Comment 4: The discussion is supposed to start with the results of the study, and not with a Literature review.

Answer: The discussion was revised to start with the results.

Comment 5: The author states that: “In concordance with previous reports, our study findings suggest that peripheral laser photocoagulation can help minimize the risk of secondary breaks,” but this statement cannot be deduced from the results of the study.

Answer: This paragraph was omitted from discussion.