



SDI Review Form 1.6

Journal Name:	British Microbiology Research Journal
Manuscript Number:	Ms_BMRJ_28289
Title of the Manuscript:	Recurrent glaucoma drainage device erosion in association with occult infection with biofilm-producing organisms
Type of the Article	Case Report

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	The case does not answer the question or define an association and the wording needs to reflect that. No cause has been defined. In fact, the authors did not rule out other known causes for extrusions like epithelium growing under the tube, poor tear film and poor wetting of an area of irregularity over the implant. In addition, uveitits also have potential autoimmune factors associated with extrusion and are known to have a higher risk of extrusion. A single case culture does not define cause and effect or even association The case needs to address how the other causes were ruled out before even proposing that the biofilm producing organisms caused the recurrent extrusion Also please note the terminology is Fuchs heterochromic iridocyclitis not just cyclitis	We agree with the reviewer completely and have changed the manuscript in multiple places to highlight the "association" of biofilm-producing organisms and recurrent tube erosion. We do not postulate that there is a definite causal relationship in the revised manuscript. Within the manuscript we have added extra detail regarding the type of GDD selection and reason for this. We have added extra detail regarding the differential diagnosis of GDD erosion and relevant factors in this case. We have added extra clinical ophthalmic detail to the manuscript. Terminology of FHC changed in the manuscript.
<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments		