



SDI Review Form 1.6

Journal Name:	Ophthalmology Research: An International Journal
Manuscript Number:	Ms_OR_22864
Title of the Manuscript:	INFECTIOUS CRYSTALLINE KERATOPATHY CAUSED BY DIPHTHEROIDS IN A POST-CORNEAL TRANSPLANT PATIENT
Type of the Article	Case studies

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 paper is about a case of infective crystalline keratopathy caused by diphtheroid bacteria. The authors treated the patient with intrastromal moxifloxacin injection successfully. This is a well written article about an interesting topic. The case is well presented in the text and by photos. The discussion is adequate.	
<u>Minor</u> REVISION comments	The quality of Figure 1 is weak, should be improved, as the crystalline pattern of the infiltration can hardly be made out. As there are only few reports in the literature about the intrastromal antibiotics treatment in ICK, the effective use in this case could be more underlined, even it could be put into the title. It would be interesting to discuss the possible causes of the scarring after the intrastromal antibiotics injection.	We DO NOT HAVE a better quality photo. We apologize for this. We added this segment in the title: INFECTIOUS CRYSTALLINE KERATOPATHY CAUSED BY DIPHTHEROIDS TREATED WITH INTRASTROMAL ANTIBIOTICS IN A POST-CORNEAL TRANSPLANT PATIENT We added this line on the last sentence: Although these interventions may eradicate the infecting organism, vascularization and scar formation, which may be due to lipid deposition and wound healing, can affect the final visual acuity and require keratoplasty.
<u>Optional/General</u> comments		