

Reviewer's Comment:

The authors should provide the case definition/criteria for ocular ischemic syndrome (OIS)

The case for PTH as the proximate cause and not just associated carotid disease should be made stronger in the discussion

The limitations section should include more detailed listing of the weaknesses

The case for a cause and effect relationship between PTH and the OIS should be made more clearly: 1) biologically plausible mechanism; 2) close temporal relationship coherent with kinetics of cause to effect and aligned with time to develop findings; 3) analogy from prior animal/human work; 4) dose response gradient; 5) specificity of effect including the possibility of chance alone or alternative etiologies; and 6) dechallenge/rechallenge.

The authors might consider the assistance of a formal, English language medical editor to assist with style, grammar, and format.

Author's Feedback:

We would like to thank the reviewer for your prompt review of our manuscript. We sincerely thank the Reviewers for emphasizing the usefulness of our paper, as well as for the constructive comments, implementation of which has improved the quality of the manuscript.

In the revised manuscript we described hypothesis an association of PH and high level PTH with changes in the carotid arteries and the development of OIS. The hypothesis is supported with a biological mechanism for proatherosclerotic effect of hypercalcemia in the carotid arteries. The analogy was made in regard to previously published in vivo and in vitro works.

"The main effects of PTH are to increase the concentration of plasma calcium by increasing the release of calcium and phosphate from bone matrix, increasing calcium reabsorption by the kidney, and increasing renal production of 1,25-dihydroxyvitamin D-3, which increases intestinal absorption of calcium. Thus, overproduction of PTH results in elevated levels of plasma calcium. The ocular symptoms of PH are due to the hypercalcemia itself and are not specific to hyperparathyroidism. In our case we trust that very high value of PTH (420 pg/mL, normal range 10 to 55 pg/ml) has a direct influence on atherogenesis via vascular remodeling and vascular calcification in the carotid artery. Our hypothesis is that not only PH but also high PTH may promote arteriosclerosis and thereby the risk of OIS, which may partly be explained by a direct relation of PTH to carotid calcifications in previously published works (13) Effect of PTH on the development of atherosclerosis which is supported by an in vitro study that demonstrated a proatherogenic effect of PTH on vascular smooth muscle cells (14)."

In the revised manuscript we have corrected grammatical errors in cooperation with professional English language editing services.