



SDI Review Form 1.6

Journal Name:	Ophthalmology Research: An International Journal
Manuscript Number:	Ms_OR_35617
Title of the Manuscript:	Acute unilateral intraocular pressure (IOP) elevation in the emergency room (ER): A case report
Type of the Article	Case study

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)
Compulsory REVISION comments	1. The concavity of iris shown in the UBM picture is not what is typically seen in PDS. The authors should include a post YAG UBM to demonstrate the flattening of iris if at all there was any. 2. CMV involvement in PSS is increasingly evident now. Anterior chamber tap for CMV PCR could have been performed and needs to be discussed in the manuscript. 3. The authors should include the actual refraction of the patient. 4. The percentage strength of the topical medications used along with the manufacturing company should be added.	1. In fact, the UMB revealed only a slight anterior concavity of the peripheral iris (as it was described in the article), not translating into the more typical and obvious image in PDS. Therefore, it is one of the aspects for the discussion of the diagnostic hypotheses and making the clinical case more challenging / debatable. On the other hand, this small change in the UBM associated with the clinical picture made us keep the hypothesis of PDS in mind. The patient performed the UBM in another hospital (that cooperated with us) and unfortunately I have had difficulty in obtaining the post YAG UBM in order to add to the article. However, it presented a small difference in relation to the pre YAG UBM considering that the alteration was already slight in the first, and so I sent you the clinical case without the image. After you comment, we completed this issue in the article as we wrote here. 2. We agree with the CMV topic and the blood tests included CMV serologies (that were negative), but we didn't perform the anterior chamber tap for CMV. After your comment, we added this issue in the article as we wrote here. 3. Actual refraction of the patient: OD -3.00D (visual acuity=9/10), OS -2.50D (visual acuity=10/10). 4. The percentage strength of the topical medications used along with the manufacturing company were added after the comment.
Minor REVISION comments	1. Change 'oh' to 'of' (Page 2, Line 8) 2. The sentence "Later in consultation she performed an UBM" (Page 2, Presentation of Case, Line 16-17)	1. We have done the correction in the article after your comment. 2. Does the sentence of the comment uncomplete? Because I didn't understand.
Optional/General comments	1. The authors have presented a real-life diagnostic dilemma and need to be appreciated for the same.	1. We think that it is a good case to discuss different etiologies of acute IOP elevation in the ER and to demonstrate the difficulty we sometimes have in the real-life to investigate some clinical cases to do the best we can for our patients, and even to improve ourselves in our medical practice.