



SDI Review Form 1.6

Journal Name:	Ophthalmology Research: An International Journal
Manuscript Number:	Ms_OR_37000
Title of the Manuscript:	Employing the intraocular irrigating solution containing moxifloxacin in cases of posterior capsular rupture
Type of the Article	Letter To Editor

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	Abstract: MFLX. Abbreviations must be spelled out on the first mention. Abstract, results and text, results: if no preoperative data are known, how did you compare these data? Based on only postoperative data, it is hard to say any conclusion. Abstract, conclusion: it is too strong in the current form, based on data of only 9 patients. The conclusion of the manuscript must be more moderate. The word "safety" is also too strong. Table 1, legend: "<i>chilialy</i>" have to be change to "ciliary". The English must be improved by a professional service throughout the manuscript.	Thank you. First appearance must be fully spelled. Our study is retrospective, lacking of the data from control groups. In this respect, we cannot conclude that safety and efficacy of irrigating MFLX are fully examined. Actually, " Safety" is too strong. Correction was made as "In the present study, no apparent adverse effect of MFLX containing irrigating solution was indicated". As we mentioned in the line 48 to 50, "Prospectively proving the efficacy of the irrigating solution containing MFLX in cases of PCR is realistically impossible because it requires an enormous number of cases of PCR". A specific strategy for prevention of endophthalmitis even without solid evidence is worth discussing. Some report indicated that intracameral antibiotics following PCR is useful. Irrigating MFLX may be a reasonable alternative in complicated cases. "Chilialy" has to be "Ciliary". Thank you for your recommendation. If the text is checked by professional English service in this stage, we are afraid that it might be confusing. We contacted the Editor , and corrected the manuscript.
<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments		