



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)
Compulsory REVISION comments	I think this should be a case report as an experience from a retrospective practice rather than a letter	Haripriya et al. indicated that the risk of endophthalmitis increases up to 7.4 folds in the cases of PCR. (shown in reference1) 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. 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. Thus, we'd like to propose our idea of " application of irrigating MFLX in PCR cases" as a "letter to editor" instead of presenting as a " case series". We believe "letter to editor" is allowed to mention the idea or possibility of a certain technique even without prospective controlled study. Some report indicated that intracameral antibiotics following PCR is useful. Irrigating MFLX may be a reasonable alternative in complicated cases.



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<u>Minor</u> REVISION comments	The write up is not structured Needs headings No good explanation of various variables and observation in the table presented Almost all cases have increase IOP post op CC seems increased in the elderly >70 post op though similar observation in the 55y Others as in the letter	We believe that "letter to editor" does not have to be well-structured. We will contact the Editor, and follow Editor's instruction. Endothelial cell counts and IOP vary from day to day. Actually, there was no patient who changed their IOL over 3 mmHg. And as for endothelial cell counts as well. We added footnotes for Table1 as follows: Apparent changes in the ocular parameters were not evident, and all values were within the normal range. Due to limitation of the number of the cases, we did not conduct statistical analysis.
<u>Optional/General</u> comments		