



SDI Review Form 1.6

Journal Name:	Ophthalmology Research: An International Journal
Manuscript Number:	Ms_OR_37497
Title of the Manuscript:	Primary angle closure as a presenting feature of Retinitis pigmentosa : A rare case report
Type of the Article	Case Report

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	<p>I have the following concerns about the manuscript titled: “Primary angle closure as a presenting feature of Retinitis pigmentosa : A rare case report”.</p> <ol style="list-style-type: none"> 1. In Introduction section it is worth mention about genetics of RP. 2. In Case Presentation section there are some missing information: <ol style="list-style-type: none"> a) What was the CCT and how it was measured? b) Why did You start treatment with intravenous injection of Mannitol? c) What gonioscopes were used to performed gonioscopy? d) Why did You perform the laser iridotomy at 3 and 9 hours? What about diplopia? e) Why did not You perform manual perimetry? f) Did You use any special devices during the cataract surgery due to the zonular instability, ect. ? 	<ol style="list-style-type: none"> 1. Corrections regarding genetics of RP has been done. 2. a) The CCT was recorded to be 550 micrometer OD and 540 micrometer OS done by ultrasound pachymetry method. Necessary corrections were done in IOP measurement according to CCT. b) Intravenous mannitol was given as initial medical management for rapid lowering of IOP after ascertaining that there is no cardiovascular problems. c) Goldmann two mirror gonioscopes were used for gonioscopy d) Due to presence of arcus and optical aberrations at superior and inferior location, 3 and 9 o'clock sites were preferred for laser PI in the present case. The site was kept peripheral and size of laser PI were kept minimum to avoid diplopia. e) Manual perimetry could not be performed due to nonavailability of the equipment. f) capsular tension ring was used during cataract surgery.
Minor REVISION comments	Please correct the editorial errors, for example errors Goldmann, Van Herick, Schwalbe, ect.	Corrections have been done.
Optional/General comments		