



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		
Minor REVISION comments	The authors present an interesting case for presentation in a discussion webinar . Although it is understood. In all the manuscript before putting abbreviations should put the complete text. Ex: IOP, ER, etc... In the abstract there should be no references, line 4 (aim). Also, The explanation between parenthesis would not be necessary. This is for discussion in the manuscript. In the Inrtoducción: the increase of IOP in the PDS perhaps is not so acute. Presentation of case: The authors say " No relevant ophthalmologic histoty ". However, later in the discussion, they reported that they had a similar episode a year earlier ? They clearly demonstrate that it is a PDS and perform the appropriate treatment. Perhaps Dexamethasone eye drops mask the PSS picture. This should be discussed. Discussion. It is appropriate. The origin of the PSS is in controversy. Herpes virus has been implicated without prior herpetic keratitis. This should be discussed and not just talk about herpetic uveitis which in general is usually a much more inflammatory. But as always there are variants. At least 3 episodes of recurrent IOP increase are named. This is in favor of the PSS. The highlight of the case is the need for correct eploración of the angle and the practice of a BMU to confirm that a glaucoma can be of mixed origin.	
Optional/General comments		

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