



SDI Review Form 1.6

Journal Name:	Ophthalmology Research: An International Journal
Manuscript Number:	Ms_OR_40561
Title of the Manuscript:	Comparison of Central Corneal Thickness using Anterior Segment Optical Coherence Tomography and Ultrasound Pachymetry in patients with open angle glaucoma.
Type of the Article	

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>)

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	-It is well known that US pachymetry is comparable to AS FDOCT measurements both in opaque and clear cornea. Why did the authors assume this will be different in POAG? The hypothesis is not clear and not well defended. Why did the authors exclude other types of glaucoma? -The conclusion is not correct. Both instruments can be used interchangeably, the author didn't specify ...in glaucoma patients -Line 38, exclusion criteria included previous use of glaucoma medications whereas in line 77 it was mentioned that 'All subjects were treated with latanoprost and they were new patients, participating in the study about a month after the beginning of their treatment' what is the rationale behind this? - "patients unable or unwilling to be followed up for the selected period" what was the follow up period, follow up for what? -None had any spherical or cylindrical error (± 0.25) line 42:180 eyes with perfect emmetropia is hard to find -'and all measurements were made between 17.00 and 20.00 by the same observer'line 43; what is 17 and 20 referring to? Discussion is weak, AS OCT isn't a new tool	- It is well known that corneal biomechanics – including CCT – may be different when we compare glaucoma and non-glaucoma patients and the measurements of CCT using US and AS-OCT may vary. We thought interesting to know if there is difference also in POAG patients. We did not exclude other types of glaucoma for a purpose... we decided to do a research in POAG patients... - Our conclusion is correct since from our findings, The CCT measurement by ultrasound pachymetry gives higher values compared to AS-OCT measurement in patients with OAG. Hence, they cannot be interchangeably used in clinical practice and both should be considered because the values are different...there are also numerous studies on PubMed proving the same... - We mean that all subjects started treatment with latanoprost and they were new patients, participating in the study about a month after the beginning of their treatment. No pre-existing ocular glaucoma medication before the study since they were new patients. It will be clarified on our paper. - This is corrected - This is corrected - This refers to time 17.00 o'clock...etc...It is clarified - Discussion is revised.
Minor REVISION comments		
Optional/General comments		