



SDI Review Form 1.6

Journal Name:	Ophthalmology Research: An International Journal
Manuscript Number:	Ms_OR_42660
Title of the Manuscript:	The Effect of Cataract Surgery on the Intraocular Pressure in Eyes with and without Pseudoexfoliation Syndrome
Type of the Article	Original Research 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)
<u>Compulsory</u> REVISION comments	1- The authors declared that they excluded the patients who have corneal abnormalities that may interfere with reliable applanation tonometry. As known, after PECCE the patients have a high corneal astigmatism. 2- 22 eyes underwent PECCE, 10 eyes underwent phacoemulsification. Surgeries were performed by the four different surgeons. I think this methodology is not appropriate, because there is no homogeneous situation. 3- Sample size of this study is not enough.	1. we mean by corneal abnormalities that may interfere with reliable applanation tonometry:irregular astigmatism by corneal scars, corneal ectasia, corneal odema,etc.We did limbal incision in PECCE to reduce surgically induced astigmatism. In cases with surgically induced astigmatism >3D(which was regular astigmatism), applanation tonometry was measured approximately 43° from the major axis of astigmatism (in minus cylinder), which is marked on the Goldmann tonometer prism holder with a red line. We added this point in the methods. 2. PECCE was done in cases with hard nuclei as it was very riskyon the endothelium to do phacoemulsification in these eyes. We tried to adhere to the same surgical technique as much as possible and perform relatively astigmatically neutral wound to the reduce the different surgeons bias effect on the results. 3.We began our study with a larger sample size, but some cases were excluded as they didnt adhere to the whole follow-up period (3 months) after postoperative improvement of the visual acuity (which was their main complaint to seek for cataract surgery).
<u>Minor</u> REVISION comments	1- In the Abstract: Please indicate the standard deviation values of the mean IOL levels. 2- In Line 24: Please indicate that IOP is the abbreviation of intraocular pressure.	I agree with the reviewer comments. I modified my manuscript accordingly and highlighted these modifications.
<u>Optional/General</u> comments	The authors evaluated the effect of cataract surgery on IOP levels in eyes with and without PXL. I have some major and minor concerns. I recommend to the authors that they should exclude the patients underwent PECCE, and increase the sample size, and use the data of operations who performed by a single surgeon.	Including eyes performed by PECCE technique makes our manuscript unique as there are few studies evaluated the effect of PECCE on IOP in eye with PXF. PECCE still has an important rule as a method of cataract extraction in Upper Egypt, where Assiut governorate has the highest prevalence of poverty in Egypt, which make the patients seek cataract surgery too late with mature cataract, old age, hard nuclei and border line endothelium that make phacoemulsification too difficult with greater cost.