

## Format for ANSWERING REVIEWERS

August 25, 2014



Dear Editor,

Please find enclosed the edited manuscript in Word format (ESPS Manuscript NO: 17242).

**Title:** Intravitreal drug administration for the treatment of noninfectious uveitis

**Author:** Alper YAZICI, Pinar CAKAR OZDAL

**Name of Journal:** *World Journal of Ophthalmology*

**ESPS Manuscript NO:** 17242

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

(1) A more suitable title would be: Intravitreal drug administration for the treatment of Noninfectious Uveitis There needs to be a table summary of the literature review so audience can refer to easily Please send it to American Journal Experts for language improvements.

Response: The title is changed to "Intravitreal drug administration for the treatment of Noninfectious Uveitis" as the reviewer 1 suggested. We add a table to summarize the reviewed agents.

(2) Manuscript number: 17242 (World Journal of Ophthalmology) Title: Intravitreal drug use for the treatment of posterior uveitis This is a short review of treatment options for uveitis, with focus on 'Intravitreal' drug administration. The authors have made good effort to compile an up to date review of drug therapy for this condition. My knowledge is that uveitis is one major complication of Behcet's disease, which is prevalent in the countries along the ancient Silk Road. This article should generate significant interest amongst ophthalmologist globally. The manuscript should benefit from editing to improve the quality of the English language. There are misuses of the word "the" in various places. For example.....still the corticosteroids. "the" before corticosteroids is inappropriate. Minor corrections by using better words are needed throughout the text. Your manuscript title looks better as seen below Intravitreal drug administration for the treatment of posterior uveitis Apart from these minor points, I have no hard words for the authors.

Response: We thank to reviewer for constructive advices. We had a native English speaker proof-read the paper as reviewer suggested.

3 This is a nice review on the topic. The authors have left the track changes on and this can be removed. It would be interesting to compare the complications of cataract and IOP increase or glaucoma between triamcinolone, Retisert, Iluvien and Ozurdex. The authors can do this in a table. A reference which can help them is: Lambiase et al. An update on intravitreal implants in use for eye disorders. *Drugs of Today* 2014, 50(3):239-249. A short discussion on non-cystoid macular edema following cataract surgery would also be appropriate as steroidal implants are currently being used. The authors should specify the conditions, which limit systemic corticosteroid use (e in children).

Response:

The track changes are removed.

We performed a summarizing table for the agents with proper references that expressed the results of those medications in non-infectious uveitis patients. Since the results of Iluvien studies belong to the non-uveitic patients, we did not include it in the table.

The aim of the study is to discuss the therapeutic options of the uveitic entities and therefore we did not include the postoperative macular edema or any kind of macular edema in which inflammation might have a role such as diabetes, vein occlusions or etc. We believe that a discussion of postoperative macular edema section might distract readers from the main aim of the review. However, if the reviewer insists on this topic we will absolutely revise it according to the comment.

In the introduction section we mentioned the limitations of the systemic steroid treatment with “However to overcome the blood ocular barrier effect, higher doses are needed causing higher risks for systemic side effects like hypertension, osteoporosis and diabetes mellitus” in the previous form of the paper. However, the reviewer had emphasized a good point for us and we included a new discussion including side effects in the children. The revised form is now as “However to overcome the blood ocular barrier effect, higher doses are needed causing higher risks for systemic side effects like hypertension, osteoporosis and diabetes mellitus, gastritis, skin thinning, hyperlipidemia and many fluid-electrolyte imbalances [7,8]. It is also important to note that children are more prone to side effects related to corticosteroids such as growth retardation, precocious puberty, immune and hypothalamic-pituitary-adrenal (HPA) axis suppression [8]”

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3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Ophthalmology*.

Sincerely yours,



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