

November 06, 2013

Dear Editor,

I have made necessary changes in the manuscript (number 6293)

Title: MULTIFOCAL GRANULOMATA IN PRESUMED TOXOCARA CANIS INFECTION IN ADULT

Author:

1. Lakshmi Kuniyal, Department of vitreoretina, Sankara Nethralaya, Chennai ,Andhra Pradesh, India
2. Jyotirmay Biswas, Department of uvea, Sankara Nethralaya, Chennai ,Andhra Pradesh, India

Name of Journal: *World Journal of Ophthalmology*

ESPS Manuscript NO: 6293

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. Changes made in visual acuity in the text.
2. Its true only one granuloma is prominent in picture attached. I have attached one more picture where granulomata has been marked clearly.
3. Though presence of IgG is a better indicator but presence of IgE has also being found in body fluids for Toxocara diagnosis.

Reference :

IB sensitivity was 100% for IgG antibodies to bands of molecular weight 29-38, 48-54, 95-116, 121-162, >205 kDa, 80.8% for IgE to 29-38, 48-54, 95-121, > 205 kDa, and 65.4% for IgA to 29-38, 48-54, 81-93 kDa.

Rubinsky-Elefant G, Hoshino-Shimizu S, Jacob CM, Sanchez MC, Ferreira AW.

Potential immunological markers for diagnosis and therapeutic assessment of toxocariasis:Rev Inst Med Trop Sao Paulo. 2011 Mar-Apr;53(2):61-5.

4. As already mentioned in the text, patient had macular traction on optical coherence tomography which justified the need for vitrectomy to release traction.
5. Its true larva is mostly seen within the granuloma. Secondary to larvae infection there is presence of eosinophilic granuloma .
6. In case report section , full form of OCT and AC written.

3 References and typesetting were corrected

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

Sincerely yours,

Dr.Lakshmi Kuniyal