



PEER-REVIEW REPORT

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Title: Comparison of ocular axis and corneal diameter between entropion eyes and non-entropion eyes in children with congenital glaucoma

Reviewer's code: 06058710

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Saudi Arabia

Author's Country/Territory: China

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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SPECIFIC COMMENTS TO AUTHORS

This is an interesting retrospective study of the ocular axis and corneal diameter between entropion eyes and non-entropion eyes in congenital glaucoma children. Congenital epiblepharon is characterized by a skin fold under the orbicularis muscle that tilts the lashes, pushing them against the globe. It may cause keratopathy and astigmatism, and surgical correction is recommended. Congenital glaucoma develops within the first few years of life and may cause megalocornea, corneal edema or buphthalmos. Only a few cases of acquired lower eyelid epiblepharon have been described in patients with congenital glaucoma. This study found that the rapid growth of ocular axis and corneal diameter may be the main cause of congenital glaucoma with acquired lower eyelid entropion. This study is well designed. The results are interesting and well discussed. After a minor revision, it can be accepted. Comments: 1. Please add subtitles to the Materials and methods section. 2. Please move the tables to the end of the manuscript. 3. Some minor language polishing should be revised.