

Format for ANSWERING REVIEWERS



March 14, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (Pakdaman Orbital Inflammation.doc).

Title: Orbital Inflammatory Disease: Pictorial Review and Differential Diagnosis

Author: Michael N Pakdaman, Ali R Sepahdari, Sahar M Elkhamary

Name of Journal: *World Journal of Radiology*

ESPS Manuscript NO: 8115

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

Please see table on following page for point by point response

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Reviewer 1 Comments	Response
The authors present a generally well written superficial pictorial overview of the orbital inflammatory disease (OID).	Thank you for your pleasant comments. We appreciate your time in reviewing this manuscript.
The figures provided do not have legends. The description of these figures is included in the text itself. The legends must be mentioned separately to go along with the figures.	Thank you for noting this. Figure legends are now included for each figure in addition to details within the text.
Further, the salient illustrative imaging points that the authors want to make in the text must be appropriately referred to the figures, as is customary in all scientific publications	New figure legends have been added to all figures in the appropriate format of scientific literature.
Authors mention about the role of Diffusion Weighted Imaging (DWI) in distinguishing dacryoadenitis and myositis from similar conditions. It would be highly desirable to include the supportive DWI illustrations to prove the point	We agree that a DWI image is appropriate to best demonstrate the differences in both DWI and ADC map between OID lesions and lymphoma. This has been included.
An up-to-date overview of the best approaches to imaging work-up” as per the Manuscript Core Tip will befit the context better if the other competing/ complementary modalities ± algorithm are stated.	Complementary modalities of imaging have been included, including DWI of lymphoma and angiography of carotid-cavernous fistula. CT imaging findings have also been added for orbital cellulitis.
References: Small stylistic changes regarding case to be corrected eg., Mri be replaced by MRI, at several places	Thank you, the reference section has been carefully reviewed and revised

Reviewer 2 Comments	Response
Dear Authors, I reviewed the manuscript entitled as "Orbital Inflammatory Disease: Pictorial Review and Differential Diagnosis". this is a very good paper. I have just a few comment on it:	Thank you for your kind comments. We appreciate you taking the time to review this manuscript and for your constructive comments.
1. the figures are very low in numbers. such a radiologic review article should have many more than figures than this paper has. for example if you are talking about the differential diagnosis, you should include a figure to better show the findings. in dacryoadenitis, in myositis and others, readers expectation is to have at least one figure for each of them.	The figures in this manuscript have been substantially increased, including images on DWI of dacryoadenitis, CT of orbital cellulitis, CT of Wegener's granulomatosis, and MRI and angiography of carotid-cavernous fistula.
2. in differential diagnosis of myositis, I recommend the authors to include the carotid-cavernous fistula, so in some patients with low flow CCF, finding is very similar to myositis.	Thank you for this important point. Yes the retrograde venous flow in CCF can lead to engorged veins that may closely resemble inflamed EOM's. Transcranial doppler and angiography may allow us to distinguish this condition and the imaging findings surrounding this discussion have been included.
3. I think the authors should add the diffuse type of OID to its types. and write about its findings and differential diagnosis.	A new section has been added discussing diffuse OID, including an additional figure and the differential diagnosis, which includes systemic inflammatory conditions, vasculitis, and lymphoma.
4. another type that it is better to be include here are the IgG4 associated orbitopathy. it would be better if the authors talk about this entity also.	Thank for this comment - IgG4-related disease may closely mimic thyroid orbitopathy and should be considered in patients with bilateral EOM and lacrimal gland inflammation with normal TSH and thyroid hormone levels.