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Title: Spontaneous posterior vitreous detachment (PVD): a glance at the current literature
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Dear Editor of WJEM,

On behalf of the other authors and myself, I would like to extend my gratitude for the efforts and time spent reviewing our submission. The Reviewer makes excellent points and offer valuable suggestions to improve the manuscript. **Please find the responses in bold font under each of the comments made by the reviewer below, which can also be found in red font in the revised manuscript:**

Reviewer (code: 00505229)

The manuscript is well, concisely and coherently organized and presented. Their style, language and grammar seems to be accurate and appropriate. PVD is a common condition that happens twice in a lifetime (one for each eye) It is important to draw attention to a this very frequent process and that is important since PVD is the main trigger of regmatogenous retinal detachment, and vitreoretinal interface problems are the first cause of pathologies as frequent as epiretinal membranes and macular holes.

Many thanks for the positive comments. The Reviewer makes an excellent point regarding the emphasis that needs to be placed on this acute pathology. The following paragraph has been added right before the Conclusion Section on page 7:

“PVD is a common condition related to the aging process, and usually happens twice in a lifetime (one for each eye). The onset of this condition tends to be asymptomatic and without complications, however, acute symptoms need to be assessed quickly. New signs and symptoms like floaters, myodesopsia and flashes can be signs of PVD. An ophthalmologic examination is important to exclude abnormal PVD and acute complications like regmatogenous retinal detachment, retinal breaks and vitreal hemorrhaging. PVD may lead to other non-acute conditions that include vitreoretinal interface problems such as epiretinal membranes and macular holes. These patients need to be assessed and managed with periodical OCT scans and ophthalmic examinations, which include best corrected visual acuity and fundus examinations to determine whether or not vitrectomy surgery is needed to address visual decay due to vitreoretinal interface problems.”

Once again, the valuable comments and assistance with our paper is greatly appreciated. We look forward to your final decision regarding our modifications, with hopes that all concerns have been addressed in an appropriate manner.

Kind regards,

Marco Zeppieri