



PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 69283

Title: Vitrectomy with residual internal limiting membrane cover and autologous blood for secondary macular hole: a case report

Reviewer's code: 05117991

Position: Associate Editor

Academic degree: MD, MSc

Professional title: Associate Professor, Director, Surgeon

Reviewer's Country/Territory: Turkey

Author's Country/Territory: China

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Reviewer chosen by: AI Technique

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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 Grade E: Do not publish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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

Dear Editor, Thank you for giving me the opportunity to review the case report entitled: "Vitrectomy with residual internal limiting membrane cover and autologous blood for secondary macular hole: a case report". The documents including English editing certificate, CARE checklist and the manuscript looks original and have not been published elsewhere. The language of the manuscript is fluent and academic. The manuscript describes a 52 year old female patient with myopic foveoschisis due to myopia. At the initial vitrectomy, fovea sparing internal limiting membrane peeling was performed. One week post surgery, a macular hole was detected as a surgical complication. Management of Myopic foveoschisis is somewhat controversial because the natural course of the disease is not clear and the potential surgical complications are serious. I have three main suggestions for the authors to improve the manuscript: 1- The patient initially presented with the retinal nerve fibre layer split on the temporal side and the outer nuclear layer split on the entire macula. Following the surgery the macular hole develops and expands gradually. Readers would appreciate to read some reflections on what could have been done before or during the initial vitrectomy to prevent this complication from happening. 2- Since most of the emphasis on the manuscript is on the technique of the surgery, the authors should mention the advantages of fovea sparing Internal limiting membrane peeling for myopic foveoschisis treatment, with special emphasis on the prevention of post operative macular epiretinal membrane formation. 3- On the second vitrectomy, fresh blood from the patient's vein has been injected to cover the macula. I recommend, at the discussion section to address the possible biochemical mechanisms in which injection of fresh blood might have contributed on the healing of the macular hole. I sincerely congratulate the authors for the meticulous and attentive management of this patient. Best Regards, Sanem Guler



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